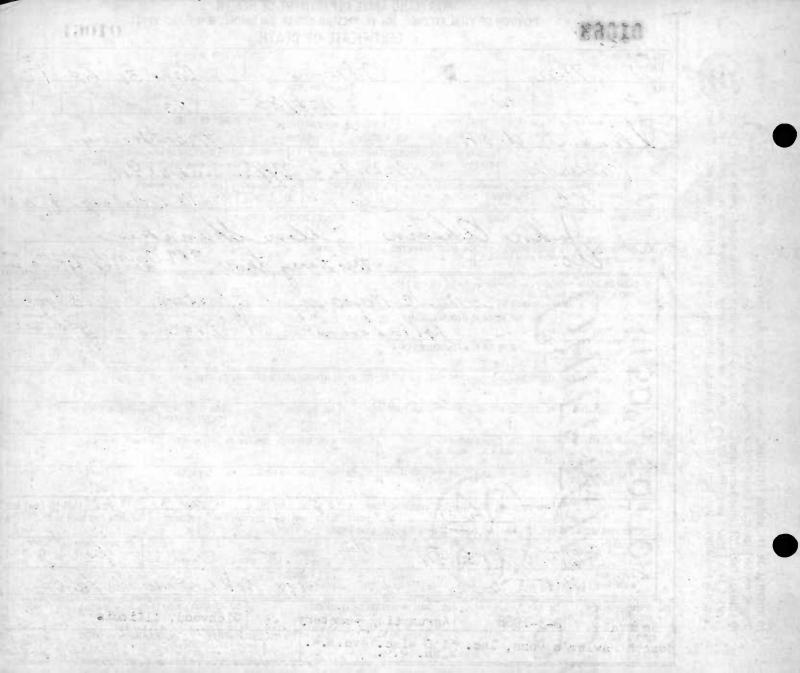
1		01062 Item 2b Film G	DIVISION OF	VITAL RECORDS,	301 W. P	DEPARTMEN RESTON STREE ATE OF DE	T, BALY		RYLAND 2120		106	0
deoth.		CEASED-NAME First YPE or print) Edwa		Middle Garrison	Edigo.	last Abel		2a. DATE OF	DEATH Month Sanuary	Doy 27	Year 1968	2b.:HOUR 1:03AM
	3. SE	X Male	4. RACE Whi	te		S. DATE OF BIRTH		1908	6. AGE (In years last birthday)	YRS.	NDER I YEAR	IF UNDER 24 HRS. HOURS MIN
	7o. l	SIRTHPLACE (State or foreign atry) Virginia	7b. CITIZEN OF WH USA		WIDOWED				gomery			Md.
26	10. (Bethesda	give s Th	ME OF HOSPITAL OR INS treet address) e Clinica	Cent	er	during me	at occupation ost of working armer	(Kind af wark de life, even if retire	ane 11 ed.) 11	2b. KIND OF I NDUSTRY Agric	BUSINESS OR culture
26	adm W∈	USUAL RESIDENCE (Where decease issign) STATE St Virginia	13b. COUNTY	on: Residence before	Harper	s Ferry ^{YE}		RF RF	REET AND NUMBER D 2	R		
3		ATHER'S NAME First Charles	Middle ———	lost Abel		. MOTHER'S MAIDE	Jea	nette	Middl			Lost Tribby
, ,		was deceased ever in U.S. arm es, no. or unknown) (If yes give we	ED FORCES? ar or dotes of service)	Not Avai		NFORMANTThe The Clin:						
le le		18. CAUSE OF DEATH (Enter and PART 1. DEATH WAS CAUSED IMMEDIA	y ane cause per lin	e for (a), (b), and (c). enal Failu) .re						BETWEEN ON	days
Durioi, cremation, or removal, ond in any event		(anditians, if any, which gave)	DUE TO, OR A	s a consequence of etastatic		ant mela	noma					years
ו, טקוו	15	rise to immediate cause (a), (stating the underlying cause last.		S A CONSEQUENCE OF								
	Z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DI	SEASE OR C	ONDITION GIVE	N IN PART 1(a)			
- 1	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTOPSY?	? NO [_]	CALICEC	YES, WERE FINDIN OF DEATH? Yes	IGS CONSID	DERED IN CE	RTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN or contributing cause of Deatl (If either, natify medical examin	HOUR A.M.	INJURY Manth Day Year		W INJURY OCCURR	RED (Enter	r nature of inju	y in Part 1 or Por	t 2, Item	18.)	
	ME	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					ar Tawn		ounty	State
		22a. I certify that (1) (thi sow the deceased al causes stated obave	s hospital) otte ive on 27 J , (1) (we) (did) (nded the deceose anuary 1 and the view the	ed from 8 9_68, one bady ofter o	January I thot in (my) (leath.	_ , 19 <u>_6</u> (our) opi	58_, to27 nion deoth (7.195	(I) (we) last and from the
		22b. SIGNATURE	D Co	112	MD DEGR	111100		NED.	STAFF PHYS.		nuary	
1		22d. PHYSCHAN'S NAME (Type) Joseph			ID	Institu	The utes	of Hea	al Cente lth, Bet	hesda	a Md.	20014
			an.30,19	23c. NAME OF Hills	sboro	Gemeter:		Hills	ON (City ar Tawn)			(State)
() (68	Ty			kvilleDRES1				N 3 0 1	968 REGISTI	RAR'S SIGN	ATURE YES	yes !

DESCRIPTION OF THE respectively of the second second of the control of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01061 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR-(Type or print) Month 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years lost_birthdoy) MONTHS | HOURS burial-transit permit. Ihen pleose remove carban papers. Paç burial, crematian, ar removal, and in any event, within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [24 Killed 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done namost of working life, eyen if retired give street oddress) **INDUSTRY** completely 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before, 13e, STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13h COUNTY YES [NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost 160. WAS DECEASED, EVEK IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (It is give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY 2dores IMMEDIATE CAUSE (o) Conditions, if ony, which gove burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the hauld be filed with the State Dept. of Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES [NO [Page 4 may be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED Stote City or Town County While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram 1955, 19, ta Lev 31, 1968, that (1) (two) last saw the deceased alive an 1903, that (1) (two) last saw the deceased alive an 1903, that (1) (two) last saw the deceased alive an 1903, that (1) (two) last saw the deceased alive an 1903, that (1) (two) last saw the deceased alive an 1903, that (1) (two) last saw the deceased fram 1905, and that in (my) (two) apinion death accurred an the date and haur and fram the causes stated above. (1) (we) (did) (did-rat) view the bady after death. 22c. DATE STGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Glenwood, Illinois REMOVAL (Specify) Assumption Cemetery 2 Re moval 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ave. N. W. Joseph Gawler's Sons, Inc. VR A15 (4) 30M REV. 1/68 DATE



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01062 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DERT. 1. DECEASED-NAME FAnna Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-6 05 M 2, and 3 to Grace. Grace Alden DEATH MATED S. DATE OF BIRTH . 6. AGE (In years IF UNDER 24 HRS 3. SEX 4. RACE DATE PRONOUNCED DEAD pages I and 2 with the State Department 2d. HOUR ST M Sept. 25,1882 Year YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm in pencil in Item 18. Give Pages 1 Montgomery WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done give street oddress during most of working life, even if retired.) INDUSTRY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3c. CITY OR TOW after death odmission) STATE Wash, DC 3840 Herrison St Washington YES NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Levetta Iden. KUSSell 5. haurs Examiner's 17. INFORMANT shauld be executed within 579-60-0341 Belle L. Alden see #13 within APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Preumonia. Bronchial-IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF -Fracture Hip. Left + Cerebral Thrombon 5 Mo Conditions, if ony, which gove rise to immediate couse (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ArterioSelersis _ Cardio Vascular Disease 42315 and in PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 3 shauld PRIMARY OR CONTRIBUTING 7ell at Home Hed-stroke + Fred of High 211. LOCATION Street or R.F.D. No. City or Town County S CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) FUNERAL DIRECTOR: Page 3840 Harrison St Washington Home. 220. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry . ond in my opinion the funeral director. death resulted fram: Natural causes . Accident . Suicide Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE necessary, DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may TO FUNE Health John G. Ball NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Cremation's 1/22/68 Cedar Hill Suitland, Md. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR Jos. Gawler's Sons 5130 Wisconsin Av. VR A15ME (5) 10M REV. 1/68

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3					ERTIFICATE C						
eath.		CEASED-NAME First ype or print)		Middle	Last		2a. DATE C	OF DEATH Month	Dov	Yeor .	26. НОДТМ
000		Denver		ay	Alexan		J	anuary	21	1968	19:00 M
affect of the fundamental and the fundamental	3. SE		4. RACE		S. DATE C			6. AGE (In years last birthday)	MO		HOURS MIN
TE TE SE		Male	Whi			bruary		36	YRS.		
hauter hours hours	7a. E		b. CITIZEN OF WHAT CO	OUNTRY?	8. MARRIED X NEVER	t-mail	9. COUNTY O				
24 in per number 172		South Carolina	USA	CHOCOUTAL OR INCO	L	IVORCED	HAL OCCUPATIO	Montgom		101 VIND OF D	Md.
if if griff	10. C	ITY OR TOWN OF DEATH	give street	r HOSPII AL OK INST gddress)	ITUTION (If not in hospit Center, NI	120. USI	most_of warkin	N (Kind of work d g life, even if retir actory (Si	ed.)	12b. KIND OF BI	e Factor
of with with with with with with with with		Bethesda	The C	Linical	Center, NI	H NE	eedle F	actory (Si	upv)	Needle	Factor
equires that the death certificate be executed within 24 ho physician. signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban papers. burial, crematian, ar removal, and in any event, within 72 h	admi S C	USUAL RESIDENCE (Where deceosed ssion) STATE outh Carolina	13b. COUNTY	esidence before	Salem			ute #1	K	1.5	
exe exe emo any		ATHER'S NAME First	Middle	Lost	1S. MOTHER	S MAIDEN NAME	First	Midd	lle	1000	Lost
be re		Fulton	D.	Alexand	er	Lucy	y			Brook	CS.
ate iciar leas and		WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b.	SOCIAL SECURITY N		The Med	dical R	ecordsAddre	ess		
tific hys od,		es, no, or unknown) (If yes give wer	2	0-44-08	74 The Cl	inical (Center,	Bethesda	, Ma:	ryland	
cer The The		18. CAUSE OF DEATH (Enter only		(a), (b), and (c).)			T Sent T			APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
ndir nit. ar re	199	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Acute Myocardial Infarction								3 Days	
atte											
the sit position		Conditions, if ony, which gave rise to immediate couse (a).	(b) Arte	erioscle	rotic Hear	t Diseas	se			2 Yea	irs
tha an. by ran: ren		stating the underlying cause	DUE TO, OR AS A		Type II.	Hyperli	popret	einemia			
res sicio led lal-t al, c		last.	(c) <u>T/y/p/</u>		vyobrotein	ental				36 Ye	ears
The law requires the attending physician. has been signed by se as the burial-train hains to burial.		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE OF	RCONDITION GIV	/EN IN PART 1(a)			
the law ratending attending has been se as the h priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH O	PERATION WAS PER	FORMED 200.	AUTOPSY?		IF YES, WERE FINDI	NGS CONS	SIDERED IN CER	TIFYING
he atter	IFIC				YES	NO [CAUS	ES OF DEATH?			
or or use		210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY	OCCURRED (En	ter noture of in	jury in Port 1 or Po	ort 2, Iten	n 18.)	
CIA Fife of Ho	OICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Mo	nth Doy Year 19	0.0						
Page 4 may be retained by the hospital or attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau Page 4 may be retained by the hospital or attending physician and campletely filled in b director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers, shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hou	MEDI	21d. INJURY OCCURRED 21e. P While Not while at wark	LACE OF INJURY (AT HO	OME, FARM, STREET, FACT E BUILDING, ETC.	ORY.) 21f. LOCATION	Street or R.F.D. N	lo. Ci	ty or Town		County	Stote
the de de ate l		22a Leartify that (N (this	hasnital) attende	d the decease	d from 2 Janua	arv 19	68 . ta 2	1 Januar	v 19 6	8 . that)	() (we) last
Aft Aft e St		22a. I certify that (A) (this saw the deceased ali	ve on 21 Jam	ary_l	68, and that in	(xax) (aur) a	pinian death	accurred an th	ne date	and haur a	nd fram the
OR:	18	causes stated abave,	(X) (we) (did) (d)(d)	hat) yiew the b	ady after death.						
OR ATTENI be retained DIRECTOR: A ge 3 should led with the		22b. SIGNATURE	V	Val.		ENDING	MED.	STAFF	22c. UA1	TE SIGNED	
be be led		Jawa	mel x.	0000	DEGREE PHY		DIRECTOR	cal Cent	110	Motion	21
May RAL Po		22d. PHYSIQAN'S NAME (Type) T	e S. Cohe	o MD				ealth. B			
ro Hospital. Page 4 may 1 ro Funeral. director, pag shauld be fill	22-	BURIAL, CREMATION, 23b. Da			EMETERY OR CREMATO			TION (City or Town)		(County)	(State)
Page Office Sha	230.	menantial in 17 i	n24. 1968		der Cemete			le River.			rolina
	24.	cutido al BIDECTOD		ADDRESS	·		BY REGISTRAR	25b. REGIST	RAR'S SIG	GNATURE	- CO-CO (MC
VR A15 (4) 30M REV. 1/68	1	rner E. Pumphre	June. S	134 Geor	gia Auga kina, Md.	DATAN	23 19	68 Jan	arle	Judg	6

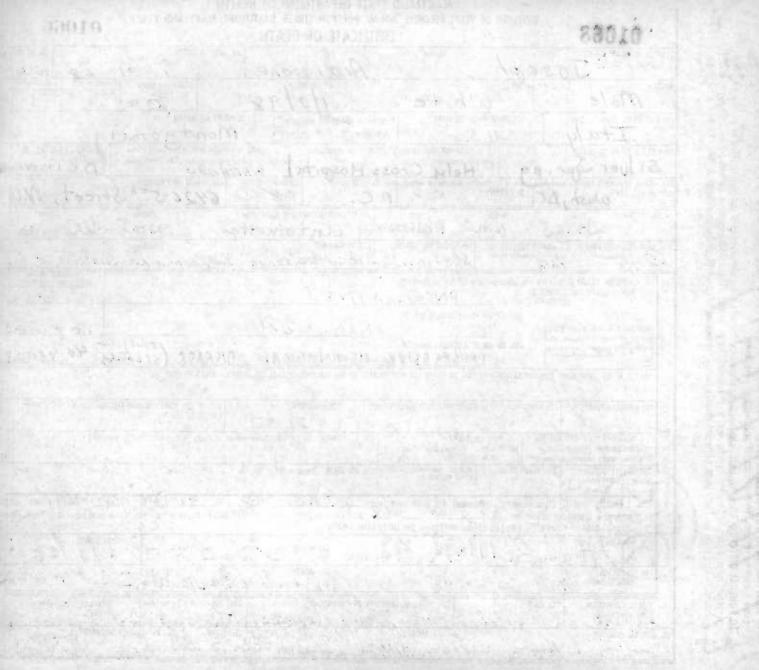
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201	
Item 6 Film G396 1/17/68 kk CERTIFICATE OF DEATH	01064
1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) Russell (Nove) Allnutt January 11	1968 1/A
	DER I YEAR IF UNDER 24 HRS. S DAYS HOURS MIN.
70. BIRTHPLACE (State or foreign country) Maryland 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery	м
Bethesia give street oddress) Suburban during most of warking life, even if retired.) INI	b. KIND OF BUSINESS OR DUSTRY Farm
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE Maryland 13b. COUNT Montgomery Gaithersours NO 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER 1403 E. Diamond	Ave.
14. FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Martha Virginia	Leevall
160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknawn) (If yes give war or dates of service) 16b. SÖCIAL SECURITY NO. 217-32-0190 17. INFORMANT 7 Was resPatri 217-32-0190 17. INFORMANT 7 Was resPatri	ld.
18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Let unce describe the content of the content o	APPROXIMATE INTERVAL BETWEEN ONSET AND OBATH A DA y J.
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a). (b)	(Days
stating the underlying couse DUE TO, OR AS A-CONSEQUENCE OF last. (d) Bild Teral Prevonous	y Days.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 221c. HOW INJURY OCCURRED. (Fetter nature of injury in Part 1 or Part 2 Item 13	
21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 10 OR CONTRIBUTING CAUSE OF ORATH 11 CHI either, notify medical examiner) 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 12 21c. HOW INJURY OCCURRED (Enter	8.)
21d. INJURY OCCURRED While Not while of wark o	nty Stote
	, that (I) (we) la d hour and fram th
22b. SIGNATURE 22c. DATE S	IGNED 1-68
22d. PHYSICIAN'S NAME (Type) L. /. Lea / 22e. ADDRESS Gaithersburg, Md.	
REMOVED 1-14-68 Laytonsville, Laytonsville Mont	
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNA Francis H. Barber Laytonsville, Md. DATE JAN 15 1968 Client	TURE Condage

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01065 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. DECEASED-NAME First 20. DATE KNOWN Month 2b. HOUR Day (Type or Print) OF ESTI-23518 0 delay IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR July 26,1884 1968 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED A DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done Giverag give street oddress) M & Ple AVe. during most of working life, even if retired.)
Housewife INDUSTRY Bethesda the Chief Medical Examiner's Office alang 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Jand 2 with odmission) STATE MC. 4603 Maple Ave 13b. COUNTY Montgemery Bethesda YES NO after 14. FATHER'S NAME **First** 15. MOTHER'S MAIDEN NAME Middle Menefee pencil 4450 ESSLowell St. N.W. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT certificate shauld be executed within (Yes, na, ar unknawn) (If yes give war or dates of service) 217-36-9647 Washington, D. C. Mrs.Bolitha Laws No within IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH SPhyxiz-Smoke Inholation PART I. DEATH WAS CAUSED BY: 5min. IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF burial-transit HOUSO. Fire. Conditions, if any, which gave rise to immediate cause (o), writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO X pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING burial, crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote factory, affice building, etc.) WHILE AT WORK AT WORK 4603 Maple-AVE. Bethesda Mintyomily 22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X and in my opinion death resulted from: Natural causes , Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Jun 13, 1968 DEPUTY MEDICAL EXAMINER TO FUN Health EXAMINER'S JOHN G. BALL ADDRESS(Street, city, town, or county) Bethesda, Md. NAME (Type) BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) 1-13-68 Ft. Lincoln Crematory, Prince George County, Md. Gremation 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland VR A15ME (5) 10M REV. 1/68

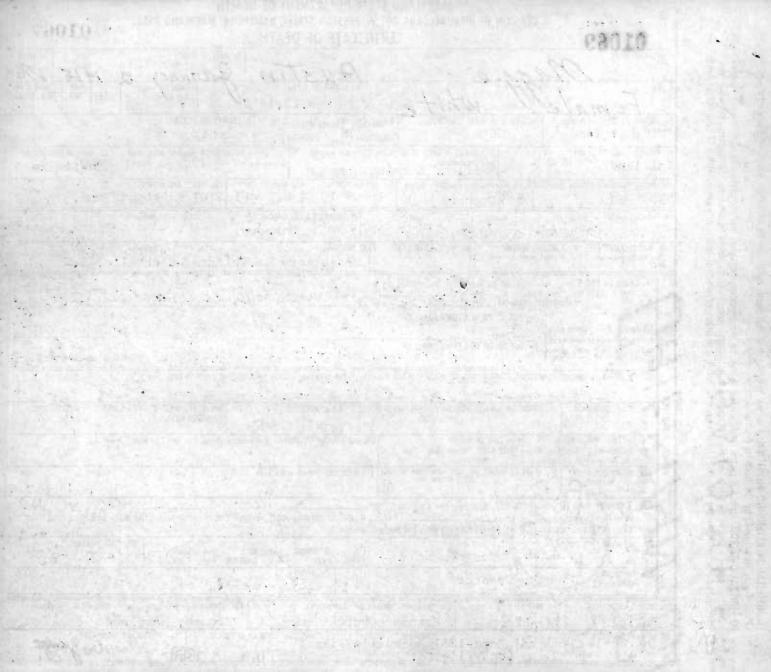
MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01067 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR the fundral signed by the ottending physicion ond completely filled in by the tungral burial-tronsit permit. Then please remove carbon papers. Pages Fand 2 burial, cremation, or removal, and in any event, within 72 hours after death (Type or print) Month Doy 3. SEX DATE OF BIRTH 6. AGE (Ip years IF UNDER I YEAR IF UNDER 24 HRS Pogod S last birthdoy) DAYS HDUR5 Feb. 23, 1869 requires that the death certificate be executed within 24 hour 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Maryland US Montgomery WIDOWED PC DIVORCED Md 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito! 12o. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY ewife Fairland Nursing Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b COUNTY Item# 10 YES NO 2101 Pairland Road. 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) Montgomery Co. Welfare -Rockville, Md. the ottending p APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 4 moy be retained by the haspital or attending **10 FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the Should be filed with the State Dept. of Health priar to 190. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO X YES [21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor If either, notify medical examiner) P.M. (AT HDME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work of work L 22a. I certify that (1) (this haspital) attended the deceased from. 1965, to and that in (my) four) opinion death occurred an the date and hour and from the saw the deceased alive an. causes stoted oboxe (1) (we) (did (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. ATTENDING DEGREE DIRECTOR PHYS PHYSICIAN'S 22e. ADDRESS John R. Spencer NAME (Type) 4RTOWSVILL 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 1/5/67 Potomac Church Cem. Potomac, Maryland Funeral Home-1331 Rockville Pike 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 30M REV 1/68 Rockville. "d

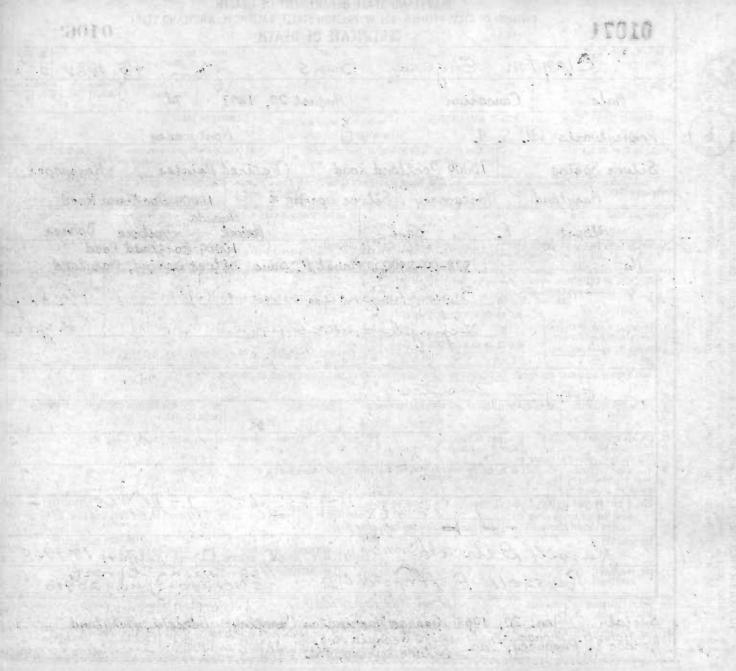
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01070 01068 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR (Type ar print) Month ARR 12:504 1968 IF UNDER 1 YEAR 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years last birthday) DAYS MONTHS HOURS WHITE 7-31ale YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) OHIO 11.5 MONTGOMERL DIVORCED [WIDOWED [signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban paper burial, crematian, ar remaval, and in any event, within 72 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Randa Physics No. 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during mast of working life, even if retired.) WHEATON 4011 Randoph Rd. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY Prince Georges LAUREL admission) STATE YES T 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle EURGE .DARR 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) MRS. Ea 786 99938A attending parent. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF erio selerosis Conditions, if ony, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN-PART I(g) far use as the b f Health priar to b has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO DG YES [FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for State Dept. af H (If either, natify medical exominer) P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from. .19 6.7, and that in (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive an_ director, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE. 22c. DAZÉ SIGNED DEGREE PHYS. DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Fort Lincoln Cemetery Prince Maryland 0 25g. REC'D BY REGISTRAR DATE JAN 23 2Sb. REGISTRAR'S SIGNATURE 1968 30M REV. 1/68

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30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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	PLACE OF DEATH						DENCE (W	here deceosed	lived, if institut		ce before	e odmissio	n)
	o. COUNTY	Montgomery	7	MARY	LAND	o. STATE Ma	aryl	Land	b. COUI	Mo	onte	come:	rv
	b. CITY OR TOWN (If outside corporate limits		c. LENGTH OF STAY IN	N 1b	c. CITY OR TOW	N (If out	side corporote	limits, write RUI				
	Betheso	d give neorest town)		years		Betl	heso	da					
	d. NAME OF HOSPIT	AL OR INSTITUTION (If no				d. STREET ADDR	RESS					e. IS RESID	ENCE
	5610 Sc	outhwick S	street			5610	Sout	thwic!	k Stre	et			NO X
3.	NAME OF	Fir	st	Middle		Lost		4. DATE	Mon	h	Doy	Yea	ır
	DECEASED (Type or print)	DOROT	HY E.	. BASHW	INER			OF DEATH	Jan.			19	68
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH			AGE (In years lost birthdoy)	IF UNDER Months	1 YEAR Doys	IF UNDER Hours	24 HRS. Min.
	Female	Cauc.	WIDOWED	DIVORCED		Mar. 20		33 8	4 yrs.				Will.
10c	o. USUAL OCCUPATION ring most of working Housew	i (Give kind of work done lite, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE Wisco			ign countrγ)		TIZEN OF DUNTRY?		.s.
	. FATHER'S NAME					14. MOTHER'S M							
	Darwin	C. Pavey						Kell	ogg				
15. (Ye	. WAS DECEASED EVE es, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	f service) 16. S	OCIAL SECURITY NO. 3-10-061(17. I	oris O	-		Same		Iten	1 2.	H
		EATH (Enter only one cou				V 1 1 0 0	91144	6110				ERVAL BET	
	PART 1. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Ce	selrova	rec	elar	no-	cede	and -			SET AND D	
	436	9 DUE											
	Conditions, if ony	, which gove	(b) (c)	loaner	20	eselra	la	sles	maler	سا	12	on	-4
	rise to immediat stating the unde		TO										
	lost. 33/	X	(c)										
3	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO	THE TERMINAL DISE	EASE CONI	DITION GIVEN	IN PART 1(o)		19.	WAS AUTO PERFORM	
SATIO	Cos	rgulive	140	and f	ack				usale	P	У	ES 🗌	NO 🔀
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of in	njury in P	Part 1 or Port	II of item 18.)				
MEDICAL	20c. TIME OF INJ Hour'o.	URY Month, Doy, Yeor m. m. 19	20d. IN While of work	JURY OCCURRED Not While of work		CE OF INJURY (Hor lory, street, office bl		, 20f.	(City or town)	(Co	unty)	(:	Stote)
	21. I certi	fy that (I) (this has	pital) attend	led the deceased	fram	10-1	, 19	962, ta	1/13			at (I) (v	
	saw the	eleased alive an	1/13	1968,0	and tha	t death accurr	red at∠	11: 55M	fram causes				abav
	220. SIGNATURE					ATTENDING		MED.	STAFF	22b. D	ATE SIGN	ED	
		nach ra	u		M.I	D. PHYS.		DIRECTOR L	PHYS.	1	114	168	_
	22c. PHYSICIAN'S NAME (Type	Ronnes	6.60	RR, MY	0	22d. ADDRE			adswor			9	
						CDEMAYORY	B(da, Ma			1 /5	4-4-1
	 BURIAL, CREMATI REMOVAL (Specify 	/)		23c. NAME OF CEME					ATION (City or To	,	(County	,	tote)
	urial 4. FUNERAL DIRECTO	1-17	-68	Parklas	wn C	emeter		BY REGISTRA	ckvill	GIST PAR'S	ary)	Land	
	OBERT A	PUMPHRE	Y, Be	thesda, 1	Mary		ATE JA		1968	e M	MES	Jung	

uneral V ond 2 er deoth. 24 hours TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within. Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbot should be filed with the State Deat, of Health prior to burial, cremation, or removal, and in any event, we

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01071 requires that the death certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Montgomery Maryland Montgomery MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) write RURAL and give nearest town) YEARS Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? A STREET ADDRESS 8611 Hartsdale Ave. Hartsdale YES NO IK 8611 3. NAME OF carban Middle Dov Year DECEASED (Type or print) OF DEATH EDWARD GEORGE Jan. 2. BATTY 68 S. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 7 In years IF UNDER 1 YEAR IF LINDER 24 HRS Days Hours White WIDOWED May 10,1896 DIVORCED MXXX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ng physician of Then please COUNTRY 2 INDUSTRY Ohio S. Engineer Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Edwin G. Batty Edith Holbrook 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service) Same as Item 2. Hazel F. Batty INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit burial, cremati ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (o), DUE TO stating the underlying cause the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? NO P certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Page 4 may be retained by the hoo FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (Caunty) (State) factory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased fram Hugart, 1965, to January, 1968, that (1) (we) last saw the deceased ralive an Fan 151 1968, and that death occurred at 5:20A M, from couses and an the date stated obove. Lanudy, 1962, that (1) (we) last 220. SIGNATURE 22b. DATE SIGNED. ATTENDING M.D. PHYS. DIRECTOR director, page 22d. ADDRESS 8612 HARTSDALE AVE Bethesda 22c. PHYSICIAN'S PASSES MD NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION. Bremation Suitland, Maryland 1-2-68 Cedar Hill Crematory 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR A. PUMPHREY, Bethesda, Maryland DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

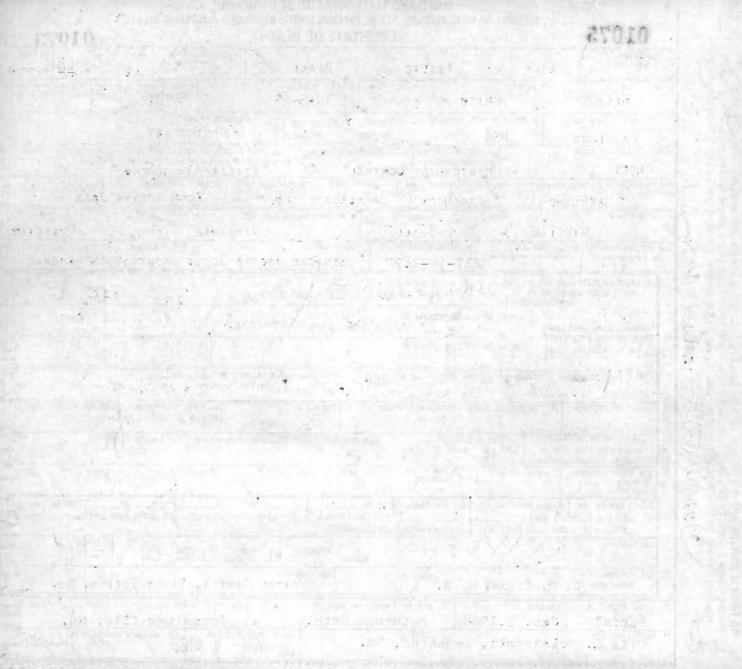
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DECEASED-NAME (Type or print)	First Jeffrey	Middle William	lost Beach	20.	. DATE OF DEATH	Dox Year	26. HOU 7:18		
3. SEX	4. RACE		S. DATE OF B	IRTH	6. AGE (In years	30 , 1968 IF UNDER 1 YEAR	IF UNOER 24 F		
Male	Whi	.te	24 Ju	ine 1956	lost birthday) YR	MONTHS DAYS	HOURS		
o. BIRTHPLACE (Stote o		WHAT COUNTRY?	8. MARRIED NEVER MA	KKIEU	UNTY OF DEATH				
Pennsylvan	ia USA				Montgomery				
o. city or town of D Bethesda	ATH [1]	NAME OF HOSPITAL OR INST ye street address) he Clinical	Center, NIH	during most of	CUPATION (Kind of work dan warking life, even if retired Lent	le 12b. KIND OF INDUSTRY	BUSINESS O		
13a. USUAL RESIDENCE (admission) STATE Pennsylv	Vhere deceosed lived, if insti	tutian: Residence befare	13c. CITY OR TOWN Landisville	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER				
4. FATHER'S NAME	First Middle		1S. MOTHER'S M	IAIDEN NAME First	Middle		Lost		
	Villiam H.			Doris	J.	Mowe	cy		
Yes, no, of purple entire ((If yes give war or dates of service)	16b. Social Security N None		he Medica nical Cent	al Records ^{Address} ter,Bethesda,1	Maryland			
	TH (Enter only ane cause per	r line far (a), (b), and (c).)					MATE INTERVAL INSET AND DEA		
PART I. DEATI	WAS CAUSED BY: IMMEDIATE CAUSE (a)	Congestive H	Heart Failur	е		24 b	ours		
204	7.	R AS A CONSEQUENCE OF							
Conditions, if ony,		Septicemia	(Gram Negati	ve)		48 h	ours		
rise to immediate stating the under	(anse (a))	R AS A CONSEQUENCE OF							
last.	(c)_	Acute Lympho				6 y	ears		
PART 2. OTHER SIG	NIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE OR CONDIT	TION GIVEN IN PART 1(a)				
× 20+3									
19a. DATE OF OPERA	TON 19b. CONDITION FOR	WHICH OPERATION WAS PER	FORMED 20a. AUT		20b. IF YES, WERE FINDING CAUSES OF DEATH?	s considered in c Zes	ERTIFYING		
21a. ACCIDENT WA	CAUSE OF DEATH HOUR A.		21c. HOW INJURY OC	CURRED (Enter notu	re of injury in Part 1 or Part	2, Item 18.)			
While Not wh	RRED 21e, PLACE OF INJUR	(AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	THE STATE OF THE S		City or Town	County	Stol		
22a. I certify saw the c couses st	22a. I certify that (t) (this hospital) attended the deceased from Dec. 30 , 19 67, ta January 30, 19 68 , that (t) (we) saw the deceased glive on January 30, 19 68, and that in (ray) (our) apinion death occurred on the date and hour and from couses stated above, (t) (we) (did) (didiscon) view the body after death.								
22b. SIGNATURE		~ mp	MD DEGREE PHYS.	ING MED.	OR D STAFF 25	2c. date signed 31 Januar	v 196		
22d. PHYSICIAN'S NAME (Type)	Arthur S. Le	evine, M.D.	22e. AD Inst	oress The Claitutes of	inical Center Health, Bethe	r,Nationa esda,Mary	.l rland		
23a. BURIAL, CREMATIO			EMETERY OR CREMATORY	1	d. LOCATION (City or Town)	, ,,	(State)		
REMOVA (%Jith)	2-3-68		teCemetery		andisville,				
24. FUNERAL DIRECTOR		ADDRESS	34 3	2Sa. REC'D BY REC			1,0		
ROBERT A	. PUMPHREY	, Bethesda	, Maryland	DATE FEB	6 1968	lierles &	A STATE OF		

requires that the death certificate be executed within 24 hours after the

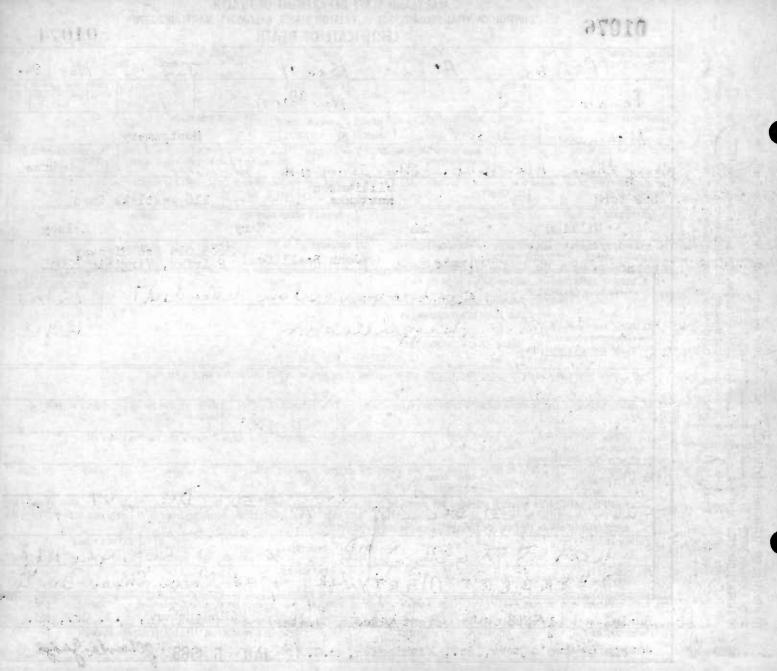
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.

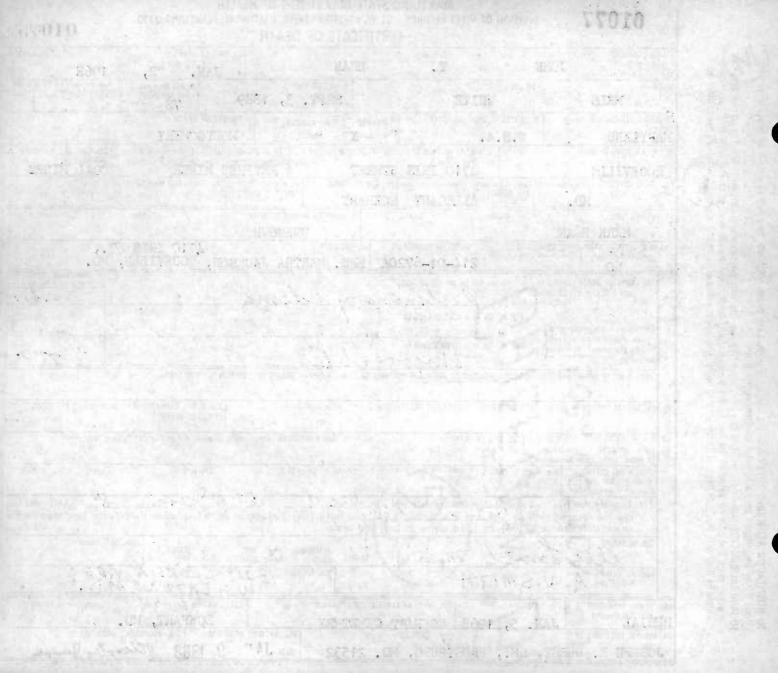
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deoth.	10 To		CEASED-NAME First ype or print) HAR	Middle RRY LESL I	E	Last BEAL		DATE OF DEATH Manth	Day 2	Yeor 68	2b. HOUR
ofter	s office	3. SE	MALE	4. RACE WHITE	./	S. DATE OF BIR		6. AGE (In year last birthday)			F UNDER 24 HRS. HOURS MIN
Thours	bers. Pours	7o. E	IRTHPLACE (Stote or fareign try) MARYLAND	7b. CITIZEN OF WHAT COUNTRY? USA	B. MARRI WIDOW	ED NEVER MARI	KIEDI I	MONTGOMERY			М
vithin 2	ely filled ban paper within 72	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL Of give street oddress) MONTGOMERY			during most af	UPATION (Kind of work working life, even if reting life, even if reting nur	red.) INC	. KIND OF BU DUSTRY	JSINESS OR
cuted v	we carl event,	13o. admi	USUAL RESIDENCE (Where deceos ssian) STATE MARYLAND	ed lived, if institution: Residence bef 13b. COUNTY MONTGOMERY	ore 13c. CITY		YES NO	13e. STREET AND NUMB TOWN SPE	ER	DAD	
law requires that the death certificate be executed within	and ren	14. F	ATHER'S NAME First WILLIA	Middle La	LL	1S. MOTHER'S MA		Mid-	dle	W.	Lost ATKINS
tificate			WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	AED FORCES? ror or dates of service) 217-14-2		7. INFORMANT MEDICA	L RECORD	DEPT. MONT	ess 「GOMER'		
eath cer	attending physical programmer. Then programmer programmer physical		PART 1. DEATH WAS CAUSED	ly ane cause per line for (o), (b), and D BY: ATE CAUSE (a)	aidra	12/16/	rister		-	APPROXIMA BETWEEN ONSE	TE INTERVAL ET AND DEATH
t the de	by the atternosit perm		Canditions, if any, which gave rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE	OF Joseph	neared	Dyrnera	Lyd		n	
res tha	5 7 7 Y		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE			0			U	
w requi		NC	men ?	NOTIONS CONTRIBUTING TO DEATH BU	, 1	nooher	well the	wa I W.	mgn	~>	
The	has as	CERTIFICATION		CONDITION FOR WHICH OPERATION WA		20a. AUTOI YES 🔀	NO 🗆	20b. IF YES, WERE FIND CAUSES OF DEATH?	May		TIFYING
PHYSICIAN:	certificate has hed for use a st. of Healthax	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medicol examin	HOUR A.M. Manth Day Y	eor			e of injury in Port 1 ar P	0		
G PHY		W	at work ot wark	PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.			18	City or Town	Coul		State
OR ATTENDIN	DIRECTOR: After le 3 should be de d'with the Stote		saw the deceased a	is hospital) attended the dec live an e, (1) (we) (did) (did not) view	1960	and that in (m)		death accurred an t			(I) (we) la: nd from th
OR AT	DIRECTO		22b. SIGNATURE	Mayor		EGREE PHYS.	IG MED.	R STAFF PHYS.	22c. DATE S	GNED 68	
O HOSPITAL	FRAL I		22d. PHYSICIAN'S NAME (Type) C. H.	. LIGON, M. D.			DICAL CEN	ITER, SANDY		G, Mo	•
TO HO	TO FUNER director,			n. 5,1968 Be	thesd	or crematory a Meth.		LOCATION (City or Town Browningsv	ville,		(State)
	VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR Mole	sworth, Damasci	ress, Md		2So. RECID BY REG	ISTRAR 1968 REGIS	TRAK'S SIGNA	By Jack	30

MAKTLAND STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH





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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 010'7'7

72010		
1. PLACE OF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institutions Res	Idence before admission)
MON 1 60 mely MARYLAND		160mery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN If outside corporete limits, write RURAL and of	ive neerest town)
TAKOMA PARK	1 AKOMA PARK 1	5 md.
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
OAKHAVEN NURSING Home	614 GIST AVE.	YES NO O
3. NAME OF DECEASED Middle	Last 4. DATE Month OF	Day Year
(Type or print) A A	DEATH	21 1968
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YI lest birthday) Months De	
Je WIDOWED DIVORCED	Nov. 7, 1881 82 yrs.	
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZ	N OF WHAT COUNTRY?
Pet US Gos. Bureau of Ewa	U S. EL HZAW .	SA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE & BURROWS	ANNA / LACHUM	
	NFORMANT Address	
(Yes, no, or unkown) (Ifyes give wer or detes of service)	ORGO BURPOWS # 2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)		INTERVAL SETWEEN
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) Professional	e diana	ONSET AND DEATH
174×	20000	
DUE TO Q	ne tantage)	1 ms
Conditions, if eny, which geve rise to Immediate cause	mercy	
(e), steting the underlying DUE TO		4
cause lest. (c) Mean CDD	chann	(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	PERFORMED?
170 × gw. arteriosil	Mosis	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER)	. (Enter netura of injury in Pert I or Part II of item 18.)	
	CE OF INJURY (Home, farm, 1 20f. (City or town) (Count	y) (State)
Hour a.m. p.m. 19 Whila Not While fects at work at work	ory, street, office bldg., etc.)	,, (51010)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended, the deceased from		that (i) (we) last
saw the deceased alive on	death occured a 3.30.1M, from the causes and on the	e date stated above.
22e. SIGNATURE	ATTENDING MED. STEPHEN N. JONES, M.D., F.A.	C.P. 22b. DATE SIGNED
1 / Mahhun ha James M.	D. PHYS. DIRECTOR DOPHYS, R. MILL RD.	1/22/68
22c. PHYSICIAN'S	22d. ADDRESS ROCKVILLE, MD. 20851	
NAME (Type)	GA 4-8500	www
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (OR CREMATORY, 23d. LOCATION (City, town or county)	(Slate)
Bural JAN 24, 1968 CEDAR.	HIII SUILLAND	mo
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESSA A	250. RECID BY REGISTRAR 256 REGISTRAR'S SI	SNATURE
Wir Taltarull 2603 14 JE	DATE JAN 2 3 1968 1000	co Judge

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		MARYLAND STATE DEPARTMENT OF HEALTH	
1	10	01080 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01078
		CERTIFICATE OF DEATH	OTOTO
		VECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print)	2b. HOUR
		Della E Sennett San 8	68 11 101
	3. SI	Female 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) YES	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED ET NEVER MARRIED FT 9. COUNTY OF DEATH	
	cau	ntry) VA, USA WIDOWED DIVORCED MONREED MONREED	M
-	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
9		Bethesda Muhuban Hamemaker	Home
5	13o. adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. C	/
1	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
-		Casper Sorifront Vigi South	
		WAS DECEASED VER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	1.9
		18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction - recent, remote	SEPHELIT DIGET AND SEATH
		410. 9 DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gove rise to immediate cause (a), (b) Coronary arteriosclerosis with occlusion	
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		lost. (c)	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
X	IFICA	YES NO CAUSES OF DEATH?	
		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port 2	Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19	
	ME	21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town	County State
		220. I certify that (I) (this hospital) ottended the deceosed from, 19.65 , to _sav 8, 19	168 , that (1) (we) lo
		220. I certify that (I) (this hospital) ottended the deceosed from	ote ond hour ond from th
		22b. SIGNATURE ATTENDING MED. STAFF 22c.	DATE SIGNED
		22d PHYSICIAN'S	on 8, 1768
(NAME (Type) DeWitt E. DeLawter Bethesda, Md.	
-	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
-	24	RMOVAL (STITY) 1-11-68 Clarksburg Clarksburg I	Mont Md.
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		Francis H. Barber Laytonsville, Md. DAIF 1 1300 govern	1

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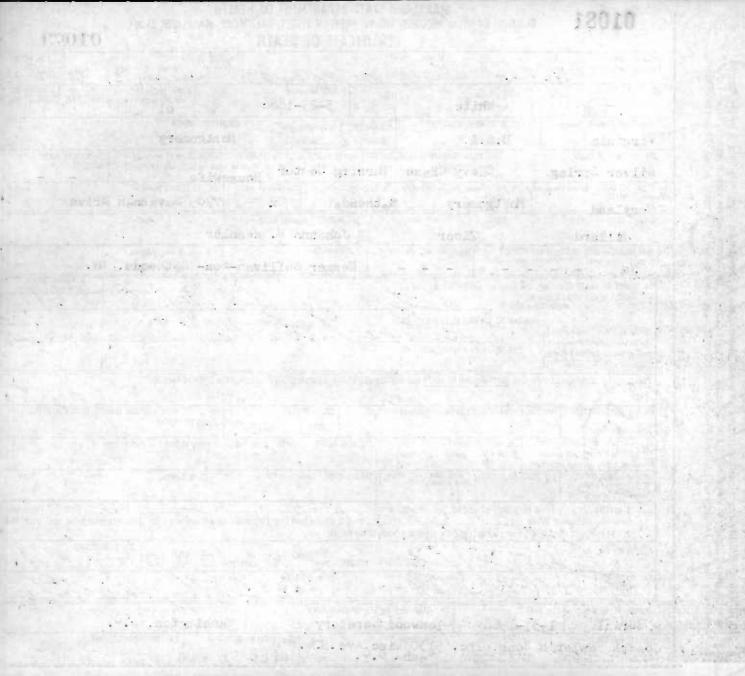
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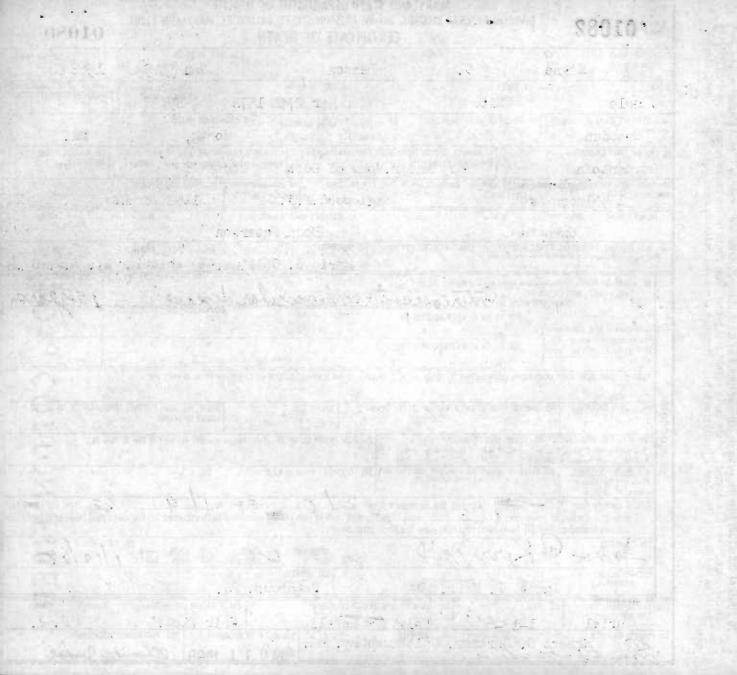
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION-OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01080 CERTIFICATE OF DEATH DECEASED-NAME FiG Middle Lost 2g. DATE OF DEATH 2b. HOUR Month 9 (Type or print) Jan Signa Benson attending physician and camprover, permit. Then please remave carban papers. Vages V 3. SEX 4. RACE S. DATE OF BIRTH e 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. offer lost birthday) DAYS HOURS White Female Mar 27th 1878 The law requires that the death certificate be executed within 24 hayrs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH country) Sweeden USA Montg. Md. WIDOWED A DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mastrof working life, even if retired.) INDUSTRY 11 11 .Home of Rest Germantown 13a. USUAL RESIDENCE (Where descripted by institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER NAME L More 13b. COUNTY YES V NO 114Elmore.Ave Englewood .N 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Last Beda Peterson Unknown 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) crematian, ar removal, Marie S. Collins, 530 Whittier St. N.W 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Meriosclerotic care permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause signed 1 burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b I Health priar ta b TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO | 3 shauld be detached far use with the State Dept. af Health 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR ATTENDING PHYSICIAN: 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY Stote City or Town County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on_ couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. STAFF DEGREE director, page shauld be filed DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Kerr Damascus. James 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) FairView Mosalium Fair Vi 24. FUNERAL DIRECTOR Gaithersburg. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Ochanles



MARYLAND STATE DEPARTMENT OF HEALTH 01083 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01081 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death. hours after death (Type or print) Month BRIAN 10 Bielski Januar IF UNDER 24 HRS 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR hours after last birthday) DAYS HOURS MONTHS the WHITE 26,1968 anvart YRS. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) MONTGomer DIVORCED WIDOWED [and in any event, within 72 Mariland 24 remave carban paper campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR give street oddress) be executed within during most of working life, even if retired.) INDUSTRY Silvers 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES DO 12616 Milburn NO F 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First First Last Middle and Biel Joan Manley requires that the death certificate 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) burial, cremation, ar remaval, Father APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:

1MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **ro Hospital or Attenbing PHYSician:** The law re Page 4 may be retained by the haspital ar attending has been use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗌 detached far use te Dept. af Health FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1/25 1968 to 1/2/ saw the deceased glive on 1/26/X _1966, and that in (my) (our) opinion death occurred on the date and hour and from the 3 shauld directar, page 3 shauld should be filed with the couses stated abave. (1) (we) (did) (did not) view the bady after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY
Gate of Heaven Cemetery LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE (County) (State) 31/68 Silver Spring, Md. B DEMOVA (Specify) 256. REDISTRAP'S SUCHATUR REC'D BY REGISTRAR, FEB 2 **ADDRESS** 24. FUNERAL DIRECTOR 1331 Rock Pike Tyson Wheeler Funeral Home 30M REV. 1/68 Rockville. Md.

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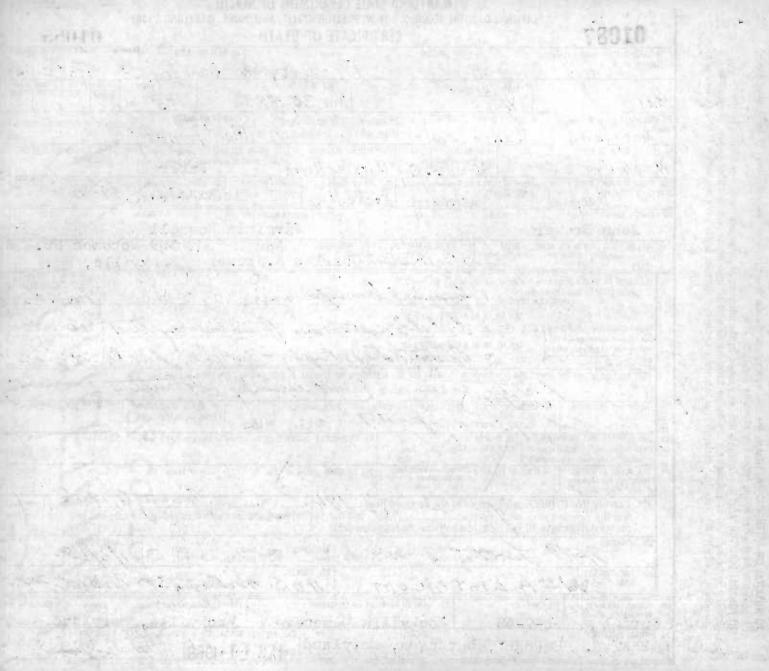
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01083 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR hours after deoth 1 ond (Type or print) Month BeR ANN 00 January 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Q last birthday) DAYS HOURS 7o. BIRTHPLACE (Stote or fareign 7b. CITIZEN OF 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED remove carbon papers. country) DIVORCED 021 WIDOWED | buriol, cremotion, or removal, ond in ony event, within 72 completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street oddress) during most of working life, eyen if retired.) INDUSTRY SILVER Engineer Bur, of ca 13a. USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the deoth certificate be executed admission) STATE YES X Cabin John Woodrow physician and chen please remo 14. FATHER'S NAME Middle First 15. MOTHER'S MAIDEN NAME First Middle Unknown Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Woodrow Yes, no, grunknown) (If yes give war or dates of service) John. Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) U BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 1Da permit. IMMEDIATE CAUSE (a) mom DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) arTeriosclerosis **D FUNERAL DIRECTOR:** After this certificate has been signed by the director, page 3 should be detached for use os the burial-transit should be filed with the State Dept. of Health prior to burial, cremot 17 PC rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Sease Inaclive ATTENDING PHYSICIAN: The low CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES T O FUNERAL DIRECTOR: After this certificate Poge 4 may be retoined by the hospitol or 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M RC (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at wark U 220. I certify that (I) (this hospital) attended the deceased fram_ , 1968, to 1968, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive ancauses stated abave, (1) (we) (did) (did not) view the bady ofter death 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (State) (County) REMOVAL (Specify) Fort Lincoln Crematory Prince George 8434 APORESS gaia Avenue 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 1968 DATE 30M REV. 1/68 Silver Spring

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01085 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death In by the runner Paper Fand (Type or print) Month 9:15 AM Januar 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS Ma Nov 30 YRS lease remave carban papers. Pa and in any event, within 72 hours 7o. BIRTHPLACE (Stote or foreign WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH DIVORCED WIDOWED 17 campletely filled 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) **INDUSTRY** remave carban 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO T atomac 14. FATHER'S NAME Pirst Middle Last IS. MOTHER'S MAIDEN NAME First Middle and John Brewer Virginia Russell physician c 30 MidraRotomac St. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Son Yes, na, ar unknawn) signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, 10-8/13 Rockville, Md. Charles A.Brewer APPROXIMATE INTERVAL attending p 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT REMATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN well dermak O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. of Health priar to 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? June 1867 NO X YES 🗍 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HONR A.M. Month Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF IN VRY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Nat while at work at work 22a. I certify that (1) (this haspital) attended the deceased from 1960 19 66, and that in (my) (our) opinian death accurred and he date and haur and fram the saw the deceased alive an Icen, 5 causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Z DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Rockville Cemetery Rockville. -9-68 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland 30M REV. 1/68



1		STATE DEPARTMENT OF		
01088	DIVISION OF VITAL RECORDS, 3		TIMORE, MARYLAND 21201	0.000
		ERTIFICATE OF DEATH		01086
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F	Col	5/5/189	6 71 YRS.	
7a. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🔀 NEVER MARRIED 🗌	9. COUNTY OF DEATH	,
11135	USA	WIDOWED DIVORCED	montgmer	Y 1
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	during m	IAL OCCUPATION (Kind of work done not not working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
40 Wheaton, mc	· Universily	JURSING HOME	haid	
odmission) STATE	osed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY		St. N.W.
14. FATHER'S NAME First	M.18	wasn., VV.		
3 14. FATHER'S NAME First	SON BELL	15. MOTHER'S MAIDEN NAME	o Hapta	Lost /
160. WAS DECEASED EVER IN U.S. A		D. 17. INFORMANT	Address	
	war or dales of service) 57 9-40-1		Vagies2	
The CAMES OF BEATH AS		100 1005 P. R. CORC	/ -	APPROXIMATE INTERVAL
PART 1. DEATH WAS CAUS				BETWEEN ONSET AND OEATH
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_	ONDITIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	<u> </u>
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190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS PERI	FORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
190. DATE OF OPERATION 19		YES NO D	CAUSES OF DEATH?	
		21c. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port 2, It	em 18.)
OR CONTRIBUTING CAUSE OF OIL (If either, notify medical exor	ATH HOUR A.M. Month Doy Yeor			
21d. INJURY OCCURRED 21	e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION Street or R.F.D. No	o. City or Town	County State
While Not while at work	torrice borcomo, erc			
22a. I certify that (I) (I	his hospital) attended the deceased	fram 12/8 , 19_		2 , that (I) (we) !
saw the deceased	alive an 35/04/1/3 19 ve, (I) (we) (did) (did net) view the b	adv after death	oinian death accurred an the dat	e and haur and fram t
22b. SIGNATURE	(i) (wo) (did not) view life b	ady affer death.	22c. D	ATE SIGNED /
189110	THON I	DEGREE PHYS.	MED. DIRECTOR D STAFF PHYS.	1/3/68
22d. PHYSICIAN'S	W JOON -	22e. ADDRESS	DIRECTOR — TITIS. —	MERTIN
NAME (Type) WAL	TER GOOTH		HOREFIELD RD	MD
	DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
REMOVAL (Specify)		cold mem	, SUITLAND,	md.
24 FUNERAL DIRECTOR	ADDRESS	250. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	GIGNATURE
- Singuesta	neral Jone 5 870	Thode sland DATE DATE	11 1 1308 free	res judges



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01089 01087 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR First deoth. after death (Type or print) Month OROTEL ROSIUS after S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 3. SEX 6. AGE (In years last birthday) MONTHS DAYS HOURS 10-1-03 YRS hours requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY2 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country .⊑ buriol-tronsit permit. Then pleose remove carbon popers. buriol, cremation, or removol, and in ony event, within 72 h WIDOWED X DIVORCED MONTSOMEN filled 120. USUAL OCCUPATION Wind of work done 10. CLTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR give street address) during most of working life, even if retired. **INDUSTRY** and completely 13c. CUTY OR TOWN 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE NO Parthersburg marylan 14. FATHER'S NAME Lost 15. MOZHER'S MAIDEN NAME First physicion 160. WAS DECRASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH IS CAUSED BY:

IMMEDIATE CAUSE (0) Bronchopneumonia, massive, bilateral, with abscess
formation PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF **TO FUNERAL DIRECTOR:** After this certificate has been signed by director, page 3 should be detached for use as the buriol-tron should be filed with the State Dept. of Health prior to buriol, crer stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 20b. IF YES WEKE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? NO [YES 📆 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County Stote City or Town While Not while of work O HOSPITAL OR ATTENDING and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on... couses stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. O DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 1 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, Cremation Washington, D.C. Lee's Crematory 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 1968 DATEJAN 30M REV. 1/68 Lee Funeral Home Washington. D.C.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01088 Item 7a Film G397 1/25/68 kk CERTIFICATE OF DEATH 1. DECEASED-NAME 2b. HOURAM 2a. DATE OF DEATH hours after death (Type or print) Month Benjamin Napoleon Brown January 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 3. SEX last birthday) OAYS MONTHS 7 August 1893 Male White 70. BIRTHPLACE (Stote or foreign CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Mary Land as the burial-transit permit. Then please remave carban papers. priar ta burial, crematian, or removal, and in any event, within 72 h Montgomery USA WIDOWED [DIVORCED [filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most af warking life, eyen if retired.) give street address)
The Clinical Center signed by the attending physician and campletely burial-transit permit. Then please remave carban-Bethesda nsurance Broker 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE Mary Land Montgomery YES 🔀 NO T 3803 Brightview Street Wheaton 14. FATHER'S NAME Middle Middle Last 1S. MOTHER'S MAIDEN NAME First Juliet Doughty Louis Brown 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records Address Yes, no or unknown) 577-05-8601 The Clinical Center, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Lymphocytic Leukemia BETWEEN ONSET AND DEATH Years DUE TO, OR AS A CONSEQUENCE OF and Conditions, if ony, which gave ; rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cren stating the underlying cause red PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Arteriolosclerotic Heart Disease 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Doy Year 80 (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from January 22/1968, taJanuary 12/1968, that (1) (we) last saw the deceased glive an January 12/1968, and that in (wy) (aur) apinian death occurred an the date and haur and from the causes stated abave, AF (we) (did) (did not view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE Cemes 12 January 1968 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S J. Nordlund, MD James NAME (Type) Institutes of Health, Bethesda, Maryland 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) REMOVAL (Specify) Cedar Hill Cemetery Suitland 1/15/68 Maryland 2So. REC'D BY REGISTRAR Mores Carly 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Glen Carter VR A15 (4) 30M REV. 1/68 Pumphrey Inc. 8434 Georgia Ave. SS DATAN 18 1968

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FOR S	Z	1	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
	DEPT.		DECEASED NAME First Print First One of ESTI-	Doy Yeor 2b. HOUR
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d 3	TEI /	3.	SEX 4. RACE S. DATE OF BIRTH 1876 6. AGE (in years if under 1 YEAR if under 24 HRS. 2c. DATE PRONOUNCED DEAD lost birthday). MONTHS OAYS HOURS MIN MONTH Day	2d. HOUR
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18. de	lond 2 with ofter deoth.		odmission) STATE Md. 13b. COUNTY Montgomery Kensington 200 3920 Baltin	more Street
em	lond 2	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
74 h	s of		XXXXXXXXXXXX John Imrie Margaret Allen	
in 2 cil ii	pages	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT 4218 GIRENTI	dge St.
within pencil camin	ile p 72 h		Yes, no or unknown) (If yes give wor or dotes of service) Unknown Walworth Brown Kensingt	on. Md.
Ex = d	<u> </u>		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ertifica writing warded		CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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Th	d b		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, 1	
R: ertii	s. noul	MEDICAL	PRIMARY OR CONTRIBUTING HOUR AM. Jen 10 1968 Fall. out of bed_	
INE c	3 sh ash anti	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Town	County Stote
AM e th	our nege rem		WHILE NOT WHILE A TOGORY, office building, etc.)	Legomery Mel
EX go	P. P.		22a. I certify that I taak charge of the remoins described abave, held an Autopsy , Inspection , Inquiry	
CAL exe	d fo	-4	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
ase ect	REC Po b			
ple	or or		ACTUAL CHIEF MEDICAL EXAMINER CHIEF CH	SIGNED
JTY, erg	RAI pri		SIGNATURE AND RELIGIOUS AND RE	11.1968
DEPUT cessory e funer	may be FUNERAL ealth pri	1	NAME (Type) JOHN G. BALL ADDRESS(Street, city, town, or county) Bethes	
	o FUNI Health	22	D. BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	
-	12) 23	REMOVAL (Commander) REMOVAL (Specify) Cremation 1-15-68 Cedar Hill Crematory Suitland, Mar	(County) (Stote)
	h	24	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	
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DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 01091 Film G397 1/24/68 kicertificate of DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR Brulee (Type or print) Month RPHA S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE burial, crematian, ar removal, and in any event, within 72 hours after last birthday) OAYS ZHTINDM HOURS STIHW JAN. 28, 1884 FEMALE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) MONTCOMERY U.S.A. WIDOWED [DIVORCED [NEW YORK 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attendina physician. give street oddress) INDUSTRY GOUT. during mast of warking life, even if retired.) remove carban TAKOMA PARK and campletely DAKHAVEN C COUT. WORKER TEACHING 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13e. STREET AND NUMBER Lac CITY OR TOWN 13d. INSIDE CITY LIMITS? YES X NO T MT. RANIER 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle Last BRUCEL MARY AARON Brulee MOORE physician i 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SÓCÍAL SÉCURÍTY NO 17. INFORMANT Address Yes, no, ar unknown) (If yes give war ar dates of service) LEILA BRODIE 220-54-0380 MRS. 4008-325t, Mt. RAN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Canditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. 11 L PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to be 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🖂 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote OFFICE BUILDING ETC. While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from. 196-1, and that in (my) (aur) apinian death accurred on the date and haur and fram the saw the deceased alive an. causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS. OHOW NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCALION (City or Town) (County) (State) asmorn Men 24. FUNERAL DIRECTOR 30M REV. 1/68

1	tem 18 % 22 film 398 MARYLAND STATE DEPARTMENT OF HEALTH 2-29-68 mt DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		092
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) First / LENA Middle MAY Mag Lost BYLLOCK 20. DATE KNOWN Month OF ESTI-	Day Year 2b. HOUR
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y C. S. B.	7a. BIRTHPLACE (State or foreign) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1-77 11
	(auntry) Virginia U.S.H. WIDOWED DIVORCED MONTGOMER	
24 hours after death in Item 18. Give Pages r's Office alang with fo		12b. KIND OF BUSINESS OR INDUSTRY
thours after de Item 18. Give P Office alang wi	13a. USUAL RESIDENCE (Where decaased lived, if institution: Residence before 13c. CITY OR TOWN INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1.00
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hours Item Office I and 2	14. FATHER'S NAME First Middle Last W 19 AOTHER'S MAIDEN NAME First Middle	last
	Andrew Bullock Carrie Bullock 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
d within 24 in pencil in Examiner's File pages in 72 haurs	(Yes, na, ar unknawn) (If yes give war or dates of service)	
ecuted ving" in edical Exermit. Fi	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: A CLUTE. Severe, purulent.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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sho he w ta th burin d in	last. (c)	
ficate ing the ded to ded to as a b	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
is certificate should be executed te, writing the ward "pending" in farwarded to the Chief Medical E e used as a burial-transit permit. Fremaval, and in any event within	190. DATE OF OPERATION 190. DATE OF OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	20. AUTOPSY?
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=	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. (ity or Town)	111 10.)
S S T S P P		Caunty State
111 3 2	AT WORK AT WORK	
DEPUTY DICAL EXA cessary, please execute e funeral director. Page may be retained for yau FUNERAL DIRECTOR: Page salth prior ta burial, cre	220. I certify that I took charge of the remains described above, held an Autapsy Inspection (Inspection), Inquiry death resulted from: Natural causes (Inspection), Suicide (Inspection), Undetermined monner	and in my opinian
JTY DICA ITY, please exert directar. be retained RAL DIRECTO	CHIEF MEDICAL EXAMINER	
TY, ple eral di se rett AL Di prior	SIGNATURE SIGNATURE Selection Cap M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	IGNED - 1010
O DEPUTY The funeral S may be r O FUNERAL Health print	EXAMINER'S BELDEN R READ M.D. ADDRESSA OF CONTROL OF CO	1, 25,1468
TO DEPUTY necessary, the funera S may be TO FUNERA! Health pr	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMEPERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
	Removal 1/27/68 Richmond, Virgi	nia
VR A15ME (5)	24. FUNERAL DIRECTOR Fraziers Funeral Home ADDRESS Washington, D.C. DATE JAN 3 1 1968	IGNATURE CONTRACTOR
10M PEV 1/68	COL TIANT TIANT TO THE TIANT TO	// (/

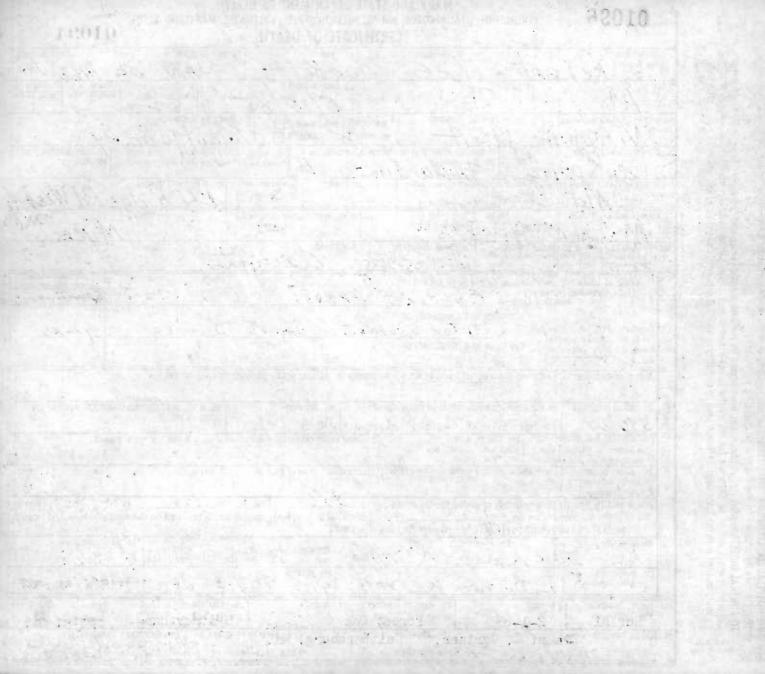
BT CO COLUMN TO A STATE OF THE STOTE A series of the F 64 25 46 75 trees the year to it is the constitution manismost malfi A MAY ASSIGNAT 1 14. 40 120 120 12 130 Elect Michael Checkery of Menancy Stiller Sand 10 (12) PI ("C. 5. .o.c. 1:: cn 1 a:e z:: .). (.Co i i i i i

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01095 01093 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR transit permit. Then please remave carban papers. Pages I and crematian, ar remaval, and in any event, within 72 hours after death (Type or print) Month the funera Bertha 968 0. Burdette January 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINOER 1 YEAR IF UNDER 24 HRS. last birthday) OAYS HOURS Nov. 28. 1886 Female White 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED NEVER MARRIED (country) Maryland and campletely filled in U.S.A. WIDOWEDY DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.)
Housewife INDUSTRY Germantown 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER The law requires that the death certificate be executed 13d. INSIDE CITY LIMITS? admission) STATE Maryland 13b COUNTY Montgomery YES 🗀 NO 3 RFD # 2 Germantown 14 FATHER'S NAME Middle Middle First Last 15. MOTHER'S MAIDEN NAME First Last William Asbury Mullinix Elizabeth 0. Bowman attending physician overmit. Then please 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no. ar unknawn) 215-36-4661 Paul D. Burdette, Gaithersburg, Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Neoplasm of left kidney, type unknown. app. 1 year. AND THE PROPERTY Prohydronephrosis signed by the burial-transit p Canditians, if any, which gave) (b) Advanced Arteriosclerosis Cardiovascular Disease 10 years? rise to immediate couse (o). Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 should be detached for use as the burial-tran should be filed with the State Dept. af Health priar to burial, crer DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Diabetes Mellitus 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X None. Had Cystoscopy & Retrograde YES 🗀 21g. ACCIDENT WAS UNDERTINING 1 SID THE DRYNJURY 30/67 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) No accident. P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town Stote Caunty While Not while at wark No injury. 220. I certify that (1) this charping to the nded the deceased from 1935, 19, to January 23,968, that (1) (38) last saw the deceased alive an January 28, 1968, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) true) (did) (did) (view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED In S DEGREE **ATTENDING** PHYS DIRECTOR PHYS. Tanuary 29, 1968 22d. PHYSICIAN'S M. McKendree Boyer, 22e. ADDRESS 9701 Church Street Damascus, Maryland 23c. MAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (State) REMOVAL (Specify) Jan.31,1968 9 Damascus Meth. Damascus. Md. 25b. REGISTRAR'S SIGNATURES 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md. DATE FEB 1968 30M REV. 1/68

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	77.3	1		MARTLAND STATE DEPARTMENT OF HEALTH	
-5	-			01096 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0400
0				CERTIFICATE OF DEATH	01094
ے د	Sic.			EASED-NAME First / Middle Lost 20. DATE OF-DEATH	2b. HOUR
after death	を作るし		(Ty	pe or print) Kohopt lop Sunkett LA Month Da	Y Year o JUSM
-	5	-	3. SEX	4. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the state of the s	a sa		J. JEA	lost birthday)	MONTHS DAYS HOURS MIN.
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■ ga	9.0	1	o. Bi caunt	RTHPLACE Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4	2 g g			WIDOWED DIVORCED //ONTGOME	RY Md.
.⊆	elile Fin	2	0611	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done	1/2b. KIND OF BUSINESS OR INDUSTRY
ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24	physician the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers, Page burial, crematian, or remaval, and in any event, within 72 haurs at	10	71	1000 S DRING give street address? Gund War SING form during most af working life, even if retired.)	INDUSTRY
-	carl tart,	Ĩ	30. U	ISUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN) 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER	0171/ 1 .
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×e	A co	-	14. FA	THER'S NAME First Middle Gost 15. MOTHER'S MAIDEN NAME First Middle	Lost /2 /2
9	an an in c	1		Mary Mary	M,100- 1142
4	ian	- 1	16a. \	WAS DECEASED EVER IN U.S. ARMED FORCES? 118b. SOCHAL SECURITY NO. 17. INFORMANT Address	MACK
9	ysic ple al, c			s, no, or unknown) (It yes give war or dottes of service) 217-65-2635 Claughter	
- I	ha nen	F	1.		APPROXIMATE INTERVAL
-	ing Terr			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
eat	end nit.			PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CORDIAC ARRES	Spontoneous
9	att aut			DUE TO, OR AS A CONSEQUENCE OF	
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30	bee bee s th		OIL I	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
9	attending has been se as the h priar to	2	CERTIFICATION	5/6/67 Insertion of Cardiac Pacemaker YES NO X CAUSES OF DEATH?	
-	ar of the ball of		E	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2,	Item 18)
NA NA	무현일			OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year	10.11
	spill			If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (ify or Town	County State
¥	he hospital ar this certificate letached far us e Dept. af Healt			21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. (ify or Town While Not while)	County State
9	te de la te		0	it wark at work	70-11-10-1
<u>×</u>	by Sta	-01		22a. I certify that (1) (this haspital) attended the deceased from 1968, and that in (my) (our) apinian death accurred an the d	that (I) (we) last
E E	A: A			causes stated above, (1) (we) (aid net) view the bady after death.	ate and naur and tram the
	# 15 di				DATE SIGNED
80	3 s lwi			Dence MO DEGREE PHYS. DIRECTOR DIRECTOR PHYS. DI	29/10
	2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		1	22d. PHYSICIAN'S 22e. ADDRESS	-1/60
ΔT	RAL Pe	1		NAME (Type) R. T. BenAck MD 4115 Colie DRIVE 1	Wheaton and
O HOSPITAL	Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to	,	00		(County) (State)
Ŧ	E Paris	1	230.		(County) (Stote)
5	5 5 0	A	_		Montg. Md.
	VR A15 (4)		24. F	UNERAL DIRECTOR Ernest C. Gertner ADDRESSGaithersburg 25M REGISTRAR 2Sb. REGISTRAR DATE FEB 1 1968	ientes Judges
	30M REV. 1/6	58		truly to farmer DATE FED 1 1300	10

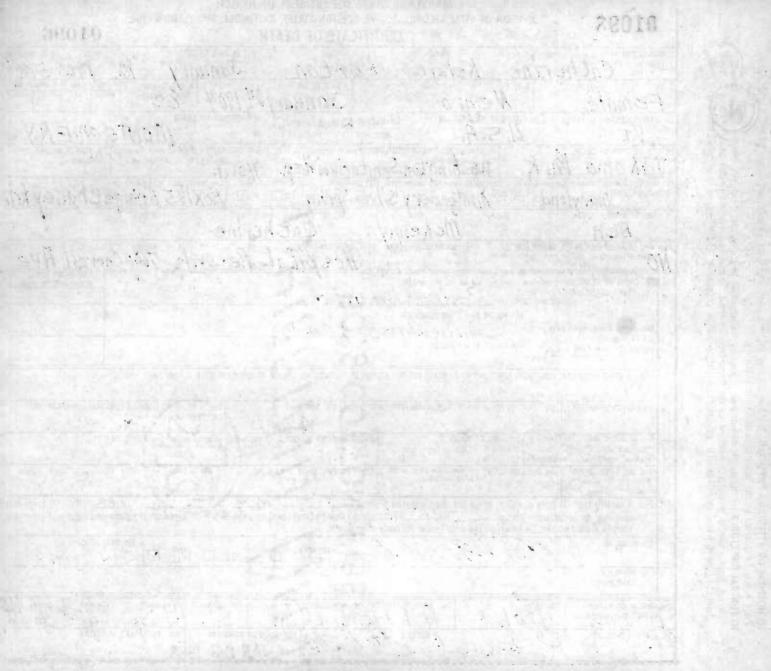


1		01097	MAKTLAND DIVISION OF VITAL RECORDS, 30		ON STREET, BALTIM		
IN II					E OF DEATH		01095
27 16 2		ECEASED-NAME First (Ype or print) Mary	Middle	BURRI		20. DATE OF DEATH Januar Month 8 Doy	1968 300P A
	3. S	Female	A RACE Negro	5. DA	January 8,	6. AGE (In years lost birthdoy) YRS.	MONTHS DAYS HOURS MIN 3
	cou	Maryland	USA	WIDOWED 🔲	DIVORCED 1	COUNTY OF DEATH Montgomery	Md
7		TITY OR TOWN OF DEATH Bethesda	give street oddress) Nava:	l Hospi	tal during most	OCCUPATION (Kind of work done of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
6	13a. adm	USUAL RESIDENCE (Where deceased issian) STATE Maryland	lived, if institution: Residence before 13 13b. COUNTY Prince George	c. city or towi	ZTIMEL YELL SOLVE IN INC.	13e. STREET AND NUMBER	18 8 8 14 9
7	14.	FATHER'S NAME First	Middle Lost		HER'S MAIDEN NAME First		Last
		Frederick Bu			Flora		Dunn
	160.	WAS DECEASED EVER IN U.S. ARMED	O FORCES? or dates of service)	17. INFOR			
	=		one couse per line for (a), (b), and (c).) T			iss, 1717 Bellh	aven Drive
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) TIONS CONTRIBUTING TO DEATH BUT NOT I			DITION GIVEN IN PART 1(o)	
1	CERTIFICATION	190. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PERFO	RMED 2	Do. AUTOPSY? YES X NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH? Yes	NSIDERED IN CERTIFYING
	MEDICAL CERTI	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	21b. TIME OF INJURY HOUR A.M. Month Day Yeor P.M. 19	21c. HOW IN		oture of injury in Port 1 or Port 2, It	em 18.)
	MEI	21d. INJURY OCCURRED 21e. PL While Not while of work 21e. PL	ACE OF INJURY (AT HOME, FARM, STREET, FACTOR) OFFICE BUILDING, ETC.			City or Town	County State
		22a. I certify that (t) (this saw the deceased aliv causes stored abave,	haspital) attended the deceased te an Jan 8 196 (a) (we) (did) (did pot) view the bac	fram_Jar 2000, and that dy after death	19 <u>68</u> , 19 <u>68</u> t in (my) (aur) apinia 1.		
-		22b. SIGNATURE	- Kihuth	DEGREE	ATTENDING MED.	CTAFE -	ATE SIGNED 1. 12, 1968
1		220. PHYSICIAN'S NAME (Type)	- / Court		22e. ADDRESS	tal. Bethesda M	EN LUSTEET
0		BURIAL, CREMATION, 23b. DA	13-68 CED.	ETERY OR CREM.	ATORY 2	23d. LOCATION (City or Town)	(County) (State) O POSE MA
8	24.	FUNERAL DIRECTOR LACEDO	2 909 6±4 lt 2	w,	2So. REC'D BY R		rles Jusque

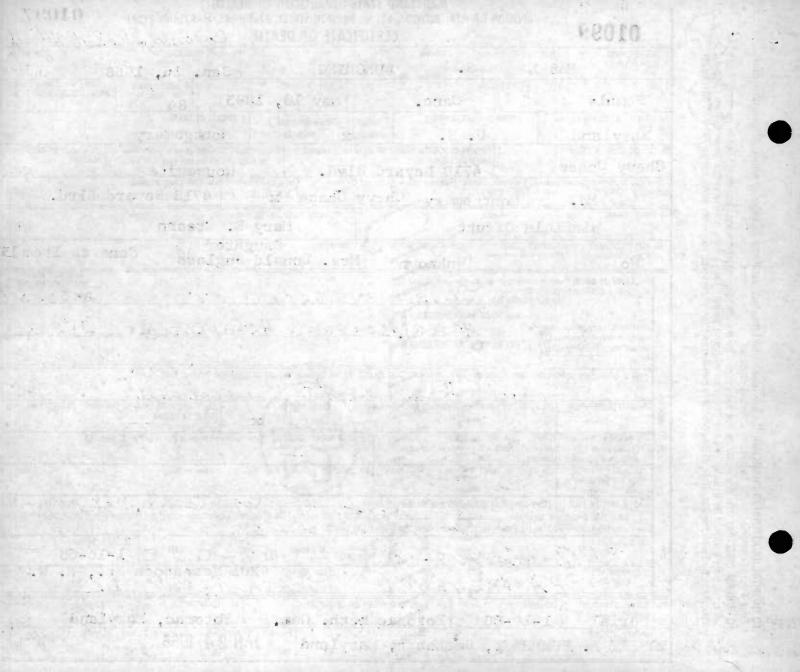
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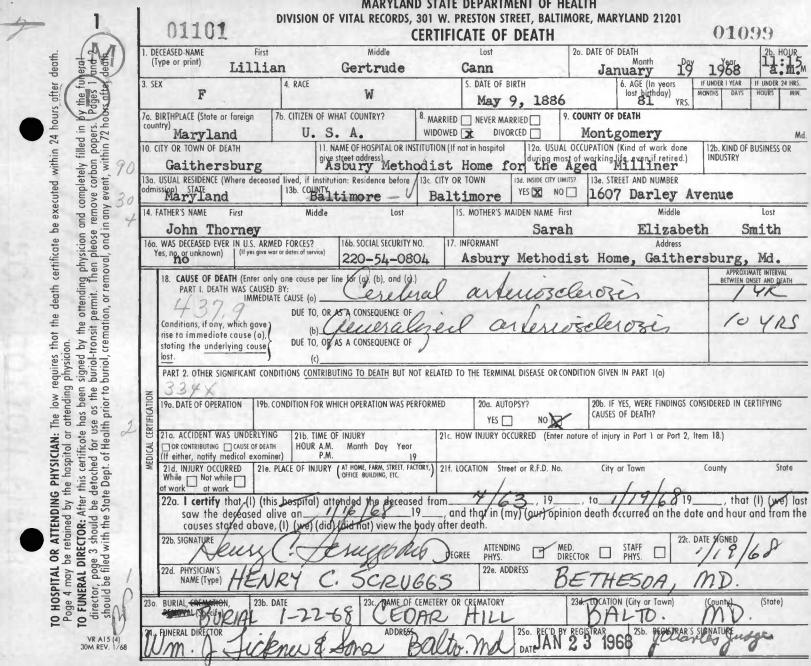
	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1	- 1	01098 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4		CERTIFICATE OF DEATH	11096
£ 14		ECEASED-NAME First Middle Last 2a. DATE OF DEATH	Year C F COAT
death.	(Type or print) Catherine Kelsie Burton Januar 18	1968 5 120 M
in the second	3. SE	EX 4. RACE S. DATE OF BIRTH 6. AFE (In years FINAL)	DER 1 YEAR IF UNDER 24 HRS.
		Female Negro January 24, 1904 lost birth Jay yrs. MONTHS	J DATS HOURS MIN.
4 hour		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 5. COUNTY OF DEATH WIDOWED DIVORCED MONTES	OMERY Md.
ted within 24 lipletely filled in corban poper.	10. 0		. KIND OF BUSINESS OR DUSTRY
d w lettel	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
cample cample seen	adm	nission) STATE Manyland 13b. COUNTY Montgomen V Silver Spring YES NO BOX 145 Briggs	Lhaney Kd.
ond coremon any	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First, Middle	Lan
be nor din		Ben McKenny Catherine	
equires that the deoth certificate b physician. signed by the attending physicion burial-tronsit permit. Then please burial, cremotion, or removal, and i	16a.	I. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Address To Caro Address Address The Caro Address Address	mall A110
phy phy nen ova	T/X	MOSPICAL NECOVAS 1000 CAP	APPROXIMATE INTERVAL
th colling Trem		18. CAUSE OF DEATH (Enter only ane cause per line far (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
deor ten mit		IMMEDIATE CAUSE (a) FORTINE INTERCLION	
he at pel		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave)	
at 1 h th nsit		rise to immediate cause (a), (b) Atherosure (a)	
s th cian d by -tro , cre		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost. (c)	
uire hysi gne gne urial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
req ng p nn si no bi	-	222 X	
The low range of the low range of the low range of the lange of the la	ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDE	RED IN CERTIFYING
The low requires th ottending physician. has been signed by se os the burial-tro. The priar to burial, cre	CERTIFICATION	YES'NO NO CAUSES OF DEATH? YES.	
or or use early		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18	8.)
Pitol d for of H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M.	
Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled if been director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers Pages should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 horse-arter.	ME	21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City ar Tawn Cour	nty State
ING by t ffer be o	1	22a. I certify that (I) (this haspital) attended the deceased from JAN 7, 19,68, ta TAN 16, 19,68, saw the deceased alive an JAN 15, 19,68, and that in (my) (aur) apinian death accurred an the date and	_, that (I) (we) last
OR ATTENDIN be retoined by DIRECTOR: After je 3 should be ed with the Stot		saw the deceased alive an JAN 15. 1900, and that in (my) (aur) apinian death accurred an the date and causes stated abave. (1) (we) (d/d) (did nat) view the bady after death.	d haur and tram the
ATT ATT Short shor		22b. SIGNATURE / 22c. DATE SI	IGNED
OR Se		DEGREE PHYS. ATTENDING MED. DIRECTOR PHYS. MED. DIRECTOR PHYS. MED.	16 1968
AL Doy by Pogge e file		22d. PHYSICIAN'S 22e. ADDRESS	
SPIT 4 m MERA or,		NAME (Type)	
O HOSPITAL Page 4 moy O FUNERAL director, pag	230	S/DEMOVAN/Specific)	unty) (Stote)
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VR A15 (4)	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 296. REGISTRAR'S SIGNA)	JUKE /
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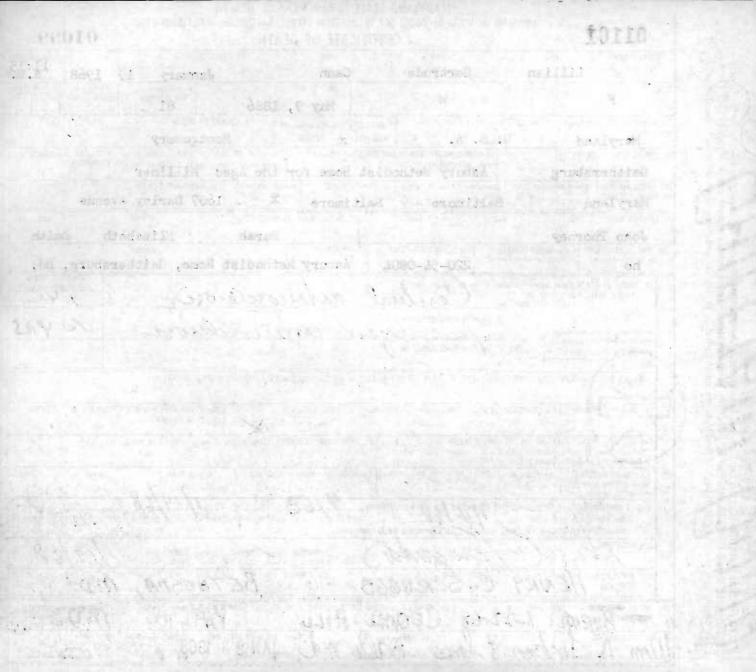


MARYLAND STATE DEPARTMENT OF HEALTH 01097 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH law requires that the death certificate be executed within 24 haurs after death. (Type ar print) pup MABEL S. BUSCHING Jan. IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Female Cauc. May 18. 1883 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland signed by the attending physician and completely filled in burial-transit permit. Then please remave carbon papers. U. S. WIDOWED DIVORCED [Montgomery 10. CITY DR TDWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL DCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
4718 Bayard Blvd. during most of working life, eyen if retired.)
Housewife **INDUSTRY** Chevy Chase 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery 4718 Bayard Blvd. YES Chevy Chase burial, crematian, or remaval, and in any 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Mary E. Stearn Winfield Offutt Daughter Addressame as Item 13 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service) Mrs. Donald Buglass Unknown APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CORONARY DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCIEROTIC HEART DISEACE Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES [NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this hospital) attended the deceased fram frame, 1965, to fram 8, 1968, that (1) (we) lost saw the deceased alive an 1968 and that in (my) (our) apinion death occurred on the date and hour ond from the couses stated above, (I) (wa) (did) (did net) view the body ofter deoth. director, page 3 shauld should be filed with the 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. 1-16-68 DEGREE 22e. ADDRESS Fessenden 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) (State) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, Burial(Specify) Potomac. Maryland 1-19-68 Potomac Meth. Cem. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland 30M REV. 1/68



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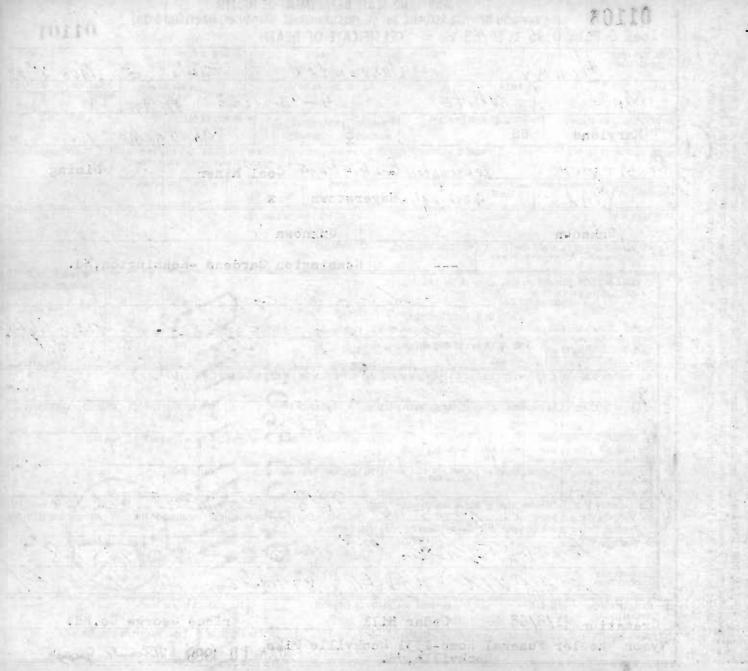


		01102	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, B CERTIFICATE OF DEAT	BALTIMORE, MARYLAND 21201 [H	01100
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ate be execticion and college remandinany		FATHER'S NAME First Unknown	Middle Lost	15. MOTHER'S MAIDEN NA	wn	Lost
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the death certificate be executed within 24 has attending physician and campletely filled interest permit. Then please remave carban papers matian, or removal, and in any event, within 72 has a second or se		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), ond (BY: 'E CAUSE (o)	())	الفا	BETWEEN ONSET AND DEATH
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equires that the physician. signed by the burial-transit burial, cremat		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE (c)	edder nopeha	`	2 year
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G PHYSIC the hospit r this certii detached te Dept. af	~	of work of work		FACTORY.) 21f. LOCATION Street or R.F.C	/ / /	County Stote
OR ATTENDING be retained by the INECTOR: After e 3 shauld be ded with the State		saw the deceased ali causes stated abave,	s-hospital) attended the desective an	and that in (my) (aur) e bady after death and M.D., F	19 65, ta 1/22, 199) apinion death accurred an the dat	te and haur and fram the
OR ATI		22b. SIGNATURE	A James	STEPHEN VELATIENDING 2012	22, 1	DATE SIGNED
		22d. PHYSICIAN'S NAME (Type) Stepher	N. Jones	DOM ADDRESS	ers Mill Rd.,Rockvi	lle,Md.
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fi			6/68 Park1		23d. LOCATION (City or Town) Rockville, Maryla	
VR A15 [4] 30M REV. 1/68	24	EUNERAL DIRECTOR Ter Fun	neral Home 1331 ADDRE	ockville Pike 250. RE	IAN 25 1968 REGISTRAR'S	

MARYLAND STATE DEPARTMENT OF HEALTH



	ı	MARYLAND STATE DEPARTMENT OF HEALTH	
()		U11103 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01404
· And		Item 6 Film G396 1/16/68 kk CERTIFICATE OF DEATH	01101
= 12=		DECEASED-NAME / First Middle Last 2a. DATE OF DEATH	2b. HOUR
de de de	(Type or print) Harry Curpenter JAM Month Day	1968 3 ° p.M
= Z-=	3. S	15. DATE OF BIRTH 10. AGE (IN YEARS	IF UNDER 1 YEAR IF UNDER 24 HRS.
the the		MA/e white 4-13-1888 lost birthday) 7985.	MONTHS DAYS HOURS MIN.
by by	ζa.	BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
The law requires that the death certificate be executed within 24 hours after death attending physician. has been signed by the attending physician and completely filled in by the reacat se as the burial-transit permit. Then please remove corban papers. Pages I and the priar to burial, crematian, ar remaval, and in any event, within 27 hours after death.		Maryland US WIDOWED DIVORCED NO NT GOME	RY Md.
ille ille	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of Gark dane	126. KIND OF BUSINESS OR
e executed within and completely fremove corban and event, with	1 1	LNSINGTON give street address) CORDENS SANT Coal Miner	Mining
od v	13a.	. USUAL RESIDENCE/(Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1/3e. STREET AND NUMBER	
omplower cute	aam	nissian) STATE Md. 13b. COUNTY WAShington Hagerstown YES TR NO	
and coremon remo	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
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ertificate be physician c nen please aval, and ii	16a	I. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
tific hys n p val,		Yes, na, ar unknawn) (If yes give wor or dates of service) Kensington Gardens -Kensingt	on, Md.
cer ng p		18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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that the can. by the att fransit per		Canditions, if any, which gave)	Develops.
n. ny t ans rem	15	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
es res res res res res res res res res r		last. (c)	
OR ATTENDING PHYSICIAN: The law requires that the death be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by the attending 3 shauld be detached far use as the burial-transit permit. A shauld be detached far use as the burial-transit permit.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
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is PHYSICIAN: The law rethe hospital at attending this certificate has been letached far use as the Bopt. af Health priar ta	CERTIFICATION	YES NO CAUSES OF DEATH?	
ar ar ealt			Item 18.)
d figure of the first of the fi	MEDICAL	To contributing cause of Death (If either, natify medical examiner) P.M. 19	
G PHYSICIAN: the hospital an this certificate detached far u	ME		Caunty State
G PHYS the hos this ce detache te Dept.		While Nat while at wark at wark	. 0
ATTENDING etained by th CTOR: After t shauld be de		220. I certify that (I) (this hospital) attended the deceased from 1962, to 1963, 1962, to 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an the deceased from 1963, and that in (my) (our) apinion death occurred an arrange from 1963, and the deceased from 1963, and the decea	68, that (1) (we) lost
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A ATTENDING tratained by ECTOR: After should be with the State		causes stoted obove, (1) (we) (did (did not) view the body after death.	DATE RICHED /
OR A OR A INREC	н	ATTENDING MED. STAFF	DATE/SIGNED
AL OF Ny be L DIR noge		22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR L. PHYS. L.	10/00
PITAL OI may be RAL DIR r, page I be filed		NAME (Type) MARVIN WADER 218 Wise, Av-	Beth Md.
TO HOSPITAL OR ATTEN Page 4 may be retained director, page 3 shauld Should be filed with the	22~	23c. NAME OF CEMETERY OR CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
H garage	230	REMOVAL (Specify) Cremation 1/8/68 Cedar Hill Prince George	
5-5	24	FUNERAL DIRECTOR ADDRESS 2Sg. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	
30M REV (1) 68	Ï	Tyson Wheeler Funeral Home-1331 Rockville Pike,	
00		Rockville, IId. DANAN I U 1968 Villey	C De l'Account



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01104 01102 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle 2n DATE OF DEATH (Type or print) 1968 burial, cremation, ar remaval, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS lost birthday) HOURS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED and campletely filled in Montgomery WIDOWED T DIVORCED [Washington, D.C. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Potomac Valley N. during most of working life, even if retired.)
Housewite INDUSTRY Rockville remave carban 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed YES S NOF 7812 Tilbury St. 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle John Daugherty Unknown attending physician sermit. Then please 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Son Address Yes, no or unknown) (If yes give war or dates of service) Same Item 13. 578-10-2497 as Albert Carroll APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. Canditians, if any, which gave) signed by the burial-transit p nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta FUNERAL DIRECTOR: After this certificate has been irectar, page 3 shauld be detached for use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗆 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark OCL _, 19.66, to___ 22o. I certify that (I) (this hospital) ottended the deceosed from saw the deceosed olive on 1955, or 1-28, 1968, that (1) _1968, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceosed olive oncouses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED: DIRECTOR DEGREE 22d. PHYSICIAN'S NAME (Type) 23b. DATE 13c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) 9 Mt. Olivet Cemeterv Washington. 24. FUNERAL DIRECTOR 256. REGISTRAR'S SIGNATURE VR A15 (4) ROBERT DAFEB A. PUMPHREY, Bethesda, Maryland 30M REV. 1/68

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41	2-29-08	mt DIVISION	OF VITAL RECORDS, 301	TATE DEPARTM W PRESTON STRI	ENT OF HEALT	H Item 7a Fi	lm G398	3/7/68 kk
FOR STATE) 01:	105	MEDICAL EXAM					01103
HEALTH DEPT	DECEASED-NA (Type or Prir		Middl F.	Cart	er	20. DATE KNOWN OF ESTI- DEATH MATED	_ 1	7 19 683 5 5 E
y deloy is PM3. Poge artment of	3. SEX M	4. RACE	s. DATE OF BIRTH 3/7/05	6. AGE (In years IF UI		R 24 HRS. 2c. DATE PRONDU MIN. Month	NCED DEAD Day	Yeor 1968 M
200	West Vi	rginia	b. CITIZEN OF WHAT COUNTRY?	WIDOWED		9. COUNTY OF DEATH Montgome		Md
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within 24 n pencil in Examiner's File pages 72 hours	16o. WAS DECEAS (Yes, no, or ur	ED EVER IN U.S. ARMED Fi known) (If yes give w	ORCES? 16b. SOCIAL SECU Par or dates of service) 233 18	/ / / / /	MARGARI		DRESS DER (S.	
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please exepleactor. P director. P retained fo		h resulted from:	ok charge of the remoins de Noturol causes (3), Ac		de, Hamici CHIEF MEDICA	de, Undetermine	Inquiry Averaged manner [and in my apinion
	EXAMINI NAME (T	R'S BELD	EN R. RE	Ap, M.L	DEPUTY MEDI	AL EXAMINER OF COUNTY)	JAN	1.8,1968
5 = = ~ 5 ±	23a. BURIAL, CI	Specify Col	4.11.1968 Jul		Cimeter	/	hour.	(County) (State)
VR A15ME (5) 10M REV. 1/68	24 FUNERAL D	Fasural Home,	A 1 1	ADDRESS CANALL DI	114		REGISTRAR'S SI	es Judge.

01105 - A Storing Days of the District FULTU The state of the s 12 m 12 no . The shall be a second to the second ilies oring, toly took wargland controllery allyes break 722 Lemont ev.

3 (NAY	/		01106	DIVISION OF V	TAL PECOPOS 3		REET, BALTIMO	LTH RE, MARYLAND 21201	
			Item 6 Film G39	7 2/7/68	kk CE	RTIFICATE OF	DEATH		01104
deoth.			CEASED-NAME pre or print) Berna	dette	Cardin	Cheek	20	DATE OF DEATH Jan MonthJan Day	27 Yeor 1968
\$ 7 5 E		3. SE	Female	4. RACE Whit	te	S. DATE OF BI	19 1911	6. AGE (In years last binday) YRS.	IF UNDER 1 YEAR
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	00		ty or town of death Bethesda	11. NAMI give stre	OF HOSPITAL OR INSTIT et address)5912	uTION (If not in hospitol Rudyard		CUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY at home
leoth certificote be executed within ending physicion ond completely fait. Then please remove carbon or removol, and in ony event, with	15	13a. admi	JSUAL RESIDENCE (Where deceased sign) STATE Md	lived, if institution 13b. COUNTY M	Residence before 13	Bethesda	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER 5912 Rudyat	rd Drive
ond c	1	14. F	ATHER'S NAME First	Middle	last		AIDEN NAME First	Middle	Lost
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NDING PH ed by the h : After this ed be detect the Stote De			220 I cartifu that (1) (this	haspital) attend	ded the deceased	fromand that in (m	7 19 67 ly) (aur) apiniar	, ta/_Z_G, 19 death accorred on the do	that (I) (we) last are and hour and from the
be retained DIRECTOR: ge 3 shault iled with the	5		causes stated abave,	(I) (we) (did) (di	d nat) view the ba	dy after death.		220.	DATE SIGNED
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01107 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) a. COUNTY b. COUNTY MARYLAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If oyrside corporate limits write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Wheaton d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)
Randalph Hills Nursing Hame
4011 Randalph Raad o wheaten M .= d. STREET ADDRESS e. IS RESIDENCE or removal, and in any event, within 72 ON A FARMS 381 Warrenst. W.W. NO Z remove corbon 4. DATE Year DECEASED Coggins Jessie 1968 (Type or print) DEATH S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLDR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** last birthdoy) Months Hours WIDOWED D DIVORCED ottending physician ond sermit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY Wash. D.C 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Jane Burnside William MacKenzie 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service Mary V. Townsend 3930 Conn. Ave. N. W. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) INTERVAL BETWEEN signed by the burial-transit DNSET AND DEATH Conditions, if any which gave rise to immediate couse (o), DUE TO stoting the underlying couse as the 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO_THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO W 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 1967 to be retained 19 6 8, and that death accurred at 1454M, from causes and an the dote stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED

TO HOSPITAL Poge 4 may b VR A15 (4) 25M 1/67

REMOVAL (Specify) 1/11/68 24, FUNERAL DIRECTOR

S.W. Nealon.

23b. DATE THEREOF

22c. PHYSICIAN'S NAME (Type)

23o. BURIAL CREMATION.

23c. NAME OF CEMETERY OR CREMATORY Congressional Cem. **ADDRESS**

M.D.

22d. ADDRESS

Washington. D.C. 2So. REC'D BY REGISTRAR

DIRECTOR

PHYS.

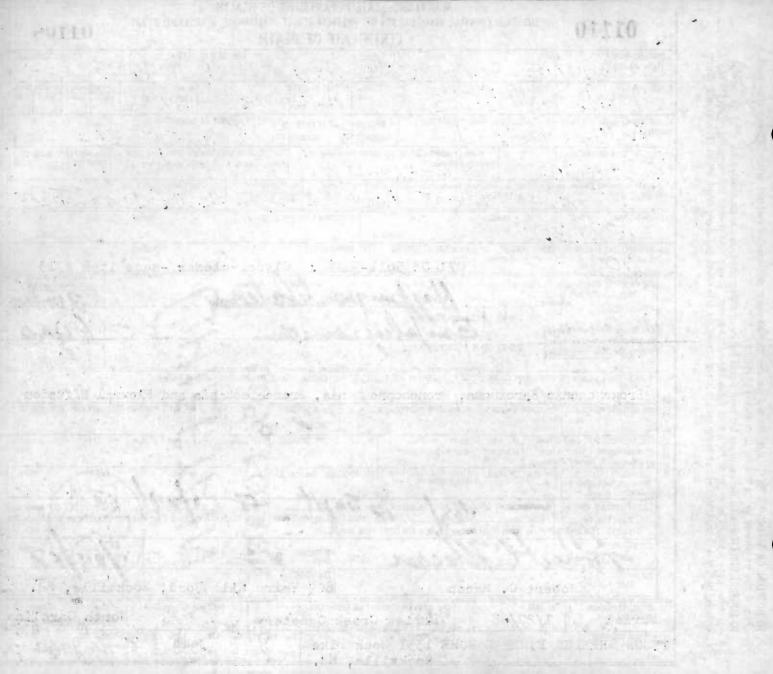
23d. LOCATION (City or Town)

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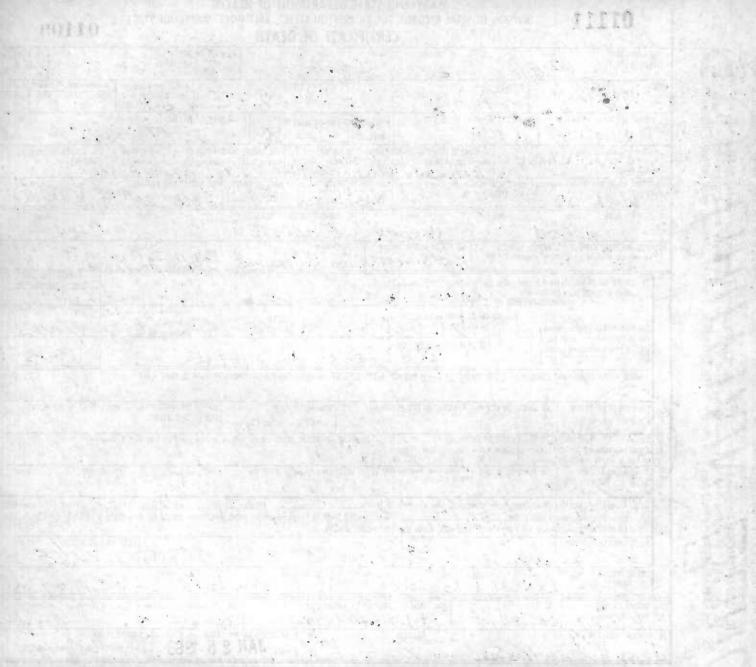
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01109 CERTIFICATE OF DEATH DECEASED-NAME Middle First 20. DATE OF DEATH 2b. HOUR after death (Type or print) Conner 4/39 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years lost birthday) DAYS Jan 27 ZHTROM HOURS requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED 5. A. DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH Che pd 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY remove carbon 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREFT AND NUMBER odmission) STATE 13b. COUNTY YES X NO | 2815 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Elizabeth CONNER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes. no. or.unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Loba 6/e IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(eals PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO NO 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this hospital) attended the deceased from Oct saw the deceased alive an 196, and that in (my) (our) opinion death occurred on the date and haur and fram the causes stoted abave, (I) (we) (did (did not) view the bady after death. 22b. SIGNATURE 22c. DATE-SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS PHYSICIAN'S 22e. ADDRESS NAME (Type) ENNARG directar, 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) Bladensburg 24 JAN 68 Ft. LINCOLN COM 250. REC'D BY REGISTRAR DATE JAN 25 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01110 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEP HEALTH 1. DECEASED-NAME First 2g. DATE KNOWN 2b. HOUR (Type or Print) Poge DEATH MATED TO ONRA. delay i State Department AGE (In years 4. RACE 3 SEX S. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE PRONOUNCED FAD 2d. HOUR P.M3. 18.1886 7a. BIRTHPLACE (State or foreign 7H CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH form WIDOWED IZ DIVORCED [Item 18. Give Pages onteameri 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done Office olong with 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address INDUSTRY pages 1 and 2 with the 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 139 STY O death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission STATE (www ofter (14. FATHER'S NAME S. MOTHER'S MAIDEN NAME Peter Fresz Christine Bauilles haurs Examiner's dauahterADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO pencil 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) IN RAN - add pames File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (o) As plays is Minutes DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove (b) Smoke Inhalation and Carbon menexide peisoning minutes rise to immediate couse (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ___ Chaflagration (Fire) in Apartment mimutes forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 160 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificote. YES 📆 NO F pe should be 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH MEDICAL cremotion, fire Esuse not determined 21e. PLACE OF INJURY (At hame, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City ar_Tawn County Stote foctory, affice building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK 5/01 Revier Rd-Mon19017191 please execute burial. 22a. I certify that I taak charge of the remains described above, held an Autapsy 💢 Inspection , Inquiry X and in my apinian Natural causes . Accident X Suicide death resulted fram: Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE Jan. 11,1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL ADDRESS(Street, city, town, or county) Bethesda, Md. NAME (Type) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 1-13-68 Calvery Cemetery Terre Haute, Indiana
Y REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland DATE JAN VR A15ME (5) Ochanles Just 5 10M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

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1		01114		CE	RTIFICATE OF D	EATH		0111	12
	1. D	CEASED-NAME Firs	t	Middle	Last	2a. DAT	E OF DEATH		2b. HOUR
	(1	ype ar print) GE1	tce i	EDNA	Covo		- Manth	Day Year	11001
	3. SE		4. RACE		S. DATE OF BIRT	TH	6 AGE (In years		IF UNDER 24 HRS.
		FEMALE	WHIT	- =	2/2	6/1896	last birthday)	'RS. MONTHS DAYS	HOURS MIN
	7g. 1	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT			7 7	Y OF DEATH	K3.	
	caur				MARRIED NEVER MARRI WIDOWED DIVORCI	CD .			
	1D (ITY OR TOWN OF DEATH					TION (Kind of work do	ine / 12b. KIND OF BI	Md
0		BETHESDA	give stre	eet address) Su 13	URBAN	during most of wor Homemak	king life, even if retire	d.) INDUSTRY	JOINE 22 OK
1-1	13a. adm	USUAL RESIDENCE (Where decer	ased lived, if institution	: Residence befare	ashington	d. INSIDE CITY LIMITS? 13	STREET AND NUMBER	HOTEL	
/		MARYARYD	Mydrig	longagy (NATIONAL DISTRIBUTION		14 st 11/1	111145/14/1	41/1/=
3	14. F	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIL	EN NAME First	C > LE S Milde	. 74 2 . 14 2 .	Last
		Eli	sha P.	Taylo	r	Grace	E.	Mock	bee
		WAS DECEASED EVER IN U.S. AF es, na, ar unknawn) (If yes give	MED FORCES?	6b. SOCIAL SECURITY NO.		*****	Addres	S	_
		es, lid, di dikildwii) (") s		no	Oscar T.	William		trose Ma	
		1B. CAUSE OF DEATH (Enter of	inly ane cause per line	far (a), (b), and (c).)	,	1 0	Baiti	BETWEEN ONS	TE INTERVAL
		DADT I DEATH WAS CALLS	ED BY: IATE CAUSE (a)	1	hoard de	reluse		18.11	71268
		4129		A CONSEQUENCE OF	2 (700.	00
		Canditians, if any, which gave		Terrosc	lenoter c	a, dia na	ecular	2 YK	25
		rise to immediate cause (a),		A CONSEQUENCE OF	to a see G	udio na	1000		
		stating the underlying cause	(c)			year	and the same of th		
		PART 2. OTHER SIGNIFICANT, CO	ONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT	RELATED TO THE TERMINAL I	DISEASE OR CONDITION	GIVEN IN PART 1/n)		
		1 A A - L	26-	- ch 11 0	RECORD TO THE TERMINAL E	DISEASE OR COMPITION	OITER IN PART I(U)		
	NOI	19g. DATE OF OPERATION 198	ONDITION FOR WHICH	ODEDATION WAS DEDEC	DRMED 2Da. AUTOPS	va lan	b. IF YES, WERE FINDING	CE CONSIDERED IN CER	TIEVING
X	CERTIFICATION	THE DISTRICT OF CRANION 170	wondinon for milen	OLEKATION HAS FERE	YES T		USES OF DEATH?	OS CONSIDERED IN CER	THE THO
1	ERTI	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF IN	MIDA	21c. HOW INJURY OCCU		Jaime la Dest 1 au D	0 (Apr. 10)	
		TOR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	Manth Day Year	ZIC. HOW INJURT OCCU	KKED (Enter nature at	injury in Part I of Part	1 Z, ITEM 18.)	
	MEDICAL	(If either, notify medical exam	iner) P.M.	19	W. A. C.				
		21d. INJURY OCCURRED 21d While Nat while at wark	. PLACE OF INJURY (AT	FICE BUILDING, ETC.	Y.) 21f. LOCATION Street	ar R.F.D. Na.	City or Town	Caunty	State
	15								
		22a. I certify that (1) (\$ saw the deceased	his hospital) attend	ded the deceased	from 196	5, 19, to	26 JAN,	19_68, that (1) (we) lo
		causes stated abov	olive on Aldid) (di	id not) view the ho	dy ofter death	(our) opinion ded	in occurred an the	dote and haur a	nd from th
		22b. SIGNATURE		/ New me bo	ay oner deam.			22c. DATE SIGNED	
		MixA	11 4	1/188	DEGREE PHYS.	MED. DIRECTOR	STAFF D	LEC. DATE STORED	
		22d. PHYSICIAN'S		ooxu	22e. ADDRE			1/2-25	
		NAME (Type) WAU	TER GOOZE	+ ND	2309	SHOREFIE	TID RD W	HEATON	
	22-		DATE		METERY OR CREMATORY			190	(FA=A=)
	230.	BURIAL, (REMATION, 23b. REMOVAL (Specify)	129/68		Hill Cemet		CATION (City or Town) ince Geo:	(County)	(State) Md.
0	24	FUNERAL DIRECTOR	129/00	ADDRESS		So. REC'D BY REGISTRA		AR'S SIGNATURE	rice •
1	1	Pallili	0. 20	01 14th S		DATE JAN 30		errley yes	ges .
	1	re & M. Hence	10, 19	0/ 14-5	T. N.W.	DAIL	1000	0 6	

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0		DILLE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	I	tems 16b, 17 & 23b MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01113
HEALTH DEPT	1. D	DECEASED-NAME A First Middle Last 2a, DATE KNOWN Month	Day Year 2b. HOUR
		Type or Print) Taith Obigail Ceacher DEATH MATED OF ESTI-	10 1968 9 3M
Poge to	3. 5	FY RACE S DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 2C. DATE PRONOUTED DEAD	2d. JOUR
ny deloy is 2, and 3 to PM3. Page spartment of		1= With Dee 101914 2 YRS MONTHS DAYS HOURS MIN. Month Day	Year 19/8 9/5M
2, Pl	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
arm arm	caur	11/1 1/455. 21.5 WIDOWED DIVORCED Montgomer	Md.
INER: This certificate should be executed within 24 hours ofter death by delete certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with farm PM3. files. 3 should be used as a burial-transit permit. File pages land 2 with the State Departmention, or removal, and in any event within 72 hours after death.	10.		2b. KIND OF BUSINESS OR INDUSTRY
the the	2	Delherda Supuram House WIFE	INDUSTRI
offer long offi-		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. STATE 15b. STATE 15b	10.
hours ofte Item 18. Gi Office alon I and 2 with		There was the first of the firs	. Kune
hou lterr Offii Offii	14. 1	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 in lin lin lin lin lin lin lin lin lin	1/-	Charles H. Wilson Mary D. Brewer WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SQCIAL SECURITY, NO. 17. INFORMANT Husband ADDRESS	
thin 24 nncil in niner's poges hours	100.	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or doles of service) (If yes give wor or doles of service) (If yes give wor or doles of service) Units to the service of servi	Item 13.
should be executed wit s word "pending" in pe the Chief Medical Exan uriol-tronsit permit. File in ony event within 72	-	025-25-7562 Pauline Glocker, or.	APPROXIMATE INTERVAL
xecuted nding" ir Medical permit.		B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction, old and acuto	BETWEEN ONSET AND DEATH
xect ding Aeding perr		DUE TO, OR AS A CONSEQUENCE OF	MIMOUS
e e e e e e e f l e e l l e e l l e e e l l e e e l l e		Conditions, if only, which gave	
Pro Ch		rise to immediate cause (a). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief I buriol-tronsit I in ony ever		lost. (c) Advanced corenary arterioseleresis	years
This certificate should be executed within 24 hours ofter death cate, writing the word "pending" in pencil in Item 18. Give Page be forwarded to the Chief Medical Examiner's Office along with the used as a burial-transit permit. File pages land 2 with the Sto removal, and in any event within 72 hours after death.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
fico ting rdec as al. o	z	4201	
is certificate the writing the forwarded to be used as a bremoval, and	CATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his certinate, write forwar	CERTIFICATION		YES NO
MINER: This of the certificate, 4 should be four files. e 3 should be u e 3 should be u		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Industry OCCURRED (Enter nature of injury in Part 1 or Port 2, I	am IB.)
INER: Te certifice should by files. 3 should a should by output o	MEDICAL	CAUSE OF DEATH P.M. 19	County State
	1	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) 21f. LOCATION Street at R.F.D. Na. City or Tawn	county state
DEPUTY SICAL EXAMI seessory, pleose execute the fe funeral director. Page 4 amay be retained for your FUNERAL DIRECTOR: Page 5		220. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry	ond in my opinion
exe exe or. Por. Por. Por. Por. Por. Por. Por.	1	deoth resulted from: Notural couses X, Accident , Suicide , Homicide , Undetermined monner	
pleose I directo retained L DIREC		CHIEF MEDICAL EXAMINER	
pele dii	6	ACTUAL SIGNATURE Of M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
UTY ony, nero be be Pr		DEPUTY MEDICAL EXAMINER	7.11,1968
TO DEPUTY CALCA DICA DECESSORY, pleose extra the funeral director. 5 may be retained for FUNERAL DIRECTOR Health prior to burn		NAME (Type) ADDRESS(Street, city, town, or county) Detures	da, Md.
TO DEPUTY SICAL EX. necessory, pleose execute the funeral director. Page 5 may be retained for yo TO FUNERAL DIRECTOR: Po Heolth prior to buriol, o	230	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
		REMOVAL (Specify) 1-17-68 Mt. Wollaston Cem. Quincy, Mass.	
NR 1151F 151		FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 15 1000	
VR A15ME (5) 10M REV. 1/68	L	OBERT A. PUMPHREY, Bethesda, Maryland DATE JAN 15 1968 your	who younge
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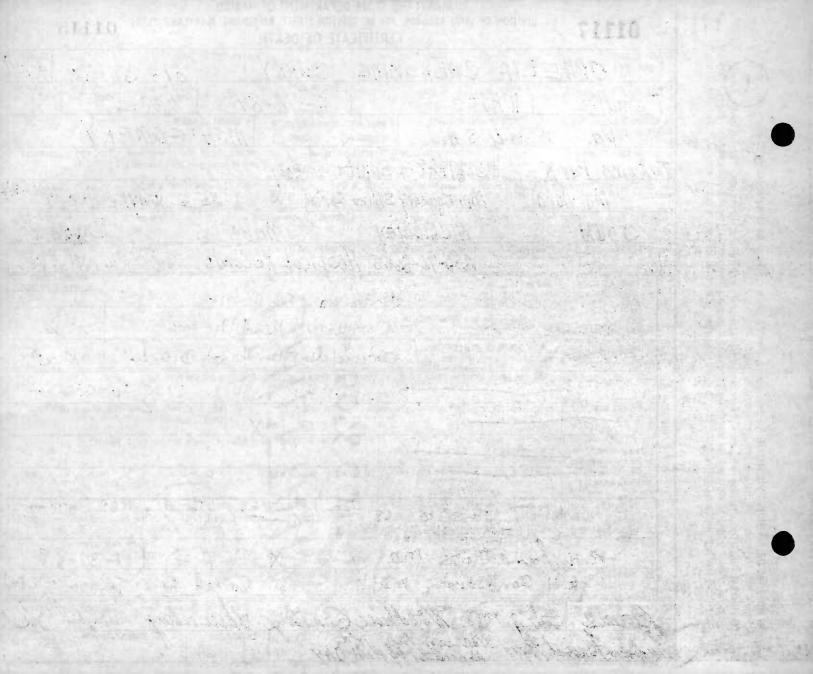
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR death and (Type or print) eral and completely filled in Dynus ... e remave carban papers. Pages l'ai e remave carban papers after di 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. ofter DAYS MONTHS HOURS 9. COUNTY OF DEATH requires that the death certificate be executed within 24 haur 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED X DIVORCED [burial, crematian, ar removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Wind of work done 12b, KIND OF BUSINESS OR give street oddress) / during most of working life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY ontgomery Silver Spring 9743 Hedin Drive Maryland NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middlex and Middle Lost Michael Bellopanni 16b. SOCIAL SECURITY NO Hedre Drive Wer Spring. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no or unknown) [(II yes give war or dates of service) 579-40-1579 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to has been use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO | Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work causes stated above, (I) (we) (did) (did nat) view the bady after death. 22c. DATE A GNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Ira N. Jublin 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify) of Heaven Cometery ilver Onting 2So. REC'D'BY REGISTRAR VR A15 (4) lione By DATEFEB 1968 30M REV. 1/68 umphrey

MARYLAND STATE DEPARTMENT OF HEALTH

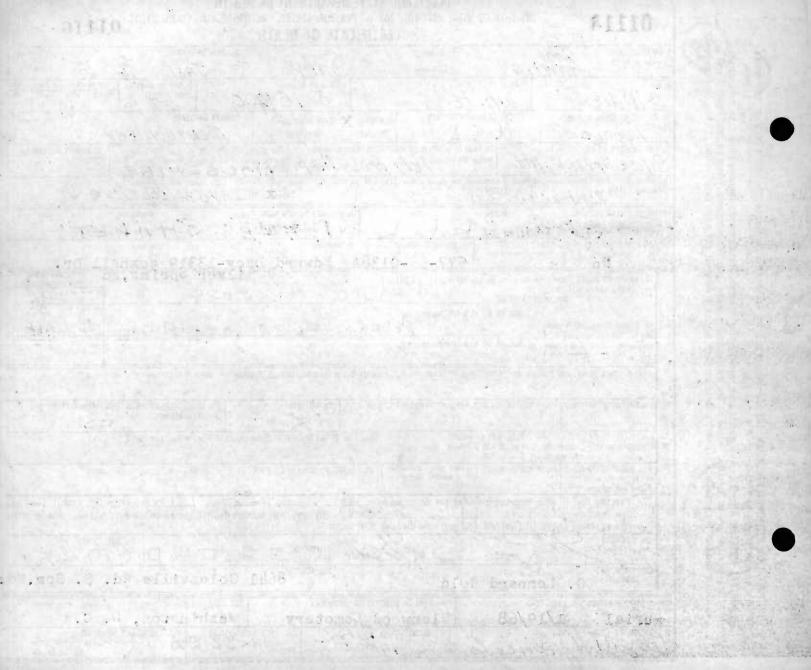
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOUR Middle I. DECEASED-NAME (Type ar print) Month de IF UNDER 1 YEAR RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX er lost birthday) MONTHS DAYS HOURS YRS hours requires that the deoth certificate be executed within 24 hours þ 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) papers. .⊆ WIDOWED X DIVORCED event, within 72 filled 12a. USUAL OCCUPATION (Kind of work done D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) INDUSTRY corban completely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🔀 NO remove in any 15. MOTHER'S MAIDEN NAME First Last 14. FATHER'S NAME Middle Last and physicion buriol, cremotion, or removol, and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. 17. INFORMANT Address # Yechna, ar unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

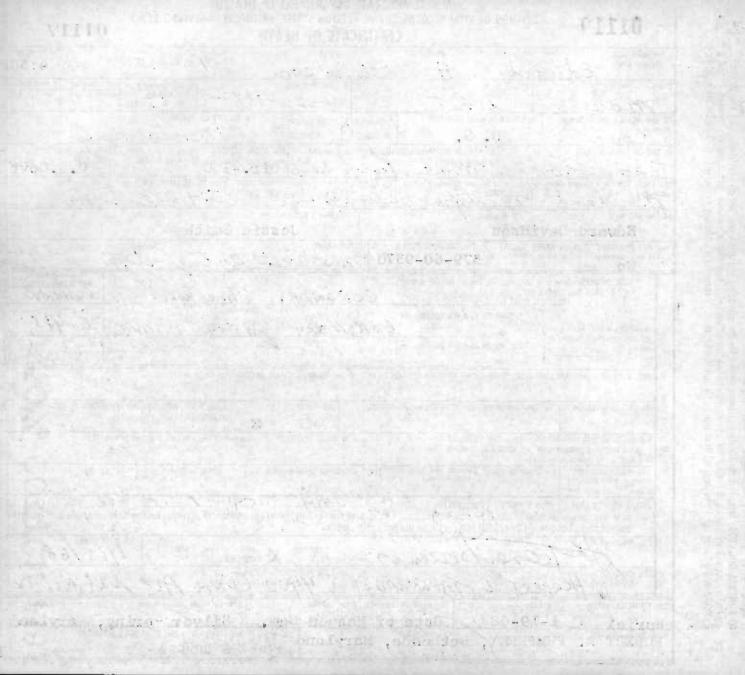
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) by the hospital or attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 190 DATE OF OPERATION CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The YES 🗍 NO N 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this trespital) attended the deceased from 2000, 1966, to 310, 1968, that (I) (we) lost saw the deceased alive an 300, 1968, and that in (my) (our) optition death accurred an the date and hour and from the Poge 4 moy be retoined couses stoted obove, (I) (we) (did) (did not) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S 23d. LOCATION (City or Town) (State) 23a. BURYAL, CREMATION (County) 250 REC'D BY REGISTRAR VR A15 (4) DATEFFB 30M REV. 1/68



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01118 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR (Type or print) Month MELIA qec 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. burial-transit permit. Then please remove carban papers. Pages T burial, crematian, ar remaval, and in any event, within 72 hours after lost hirthday) MONTHS T OAYS HOURS requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED .⊑ MONT 60MER WIDOWED | DIVORCED T FHANON completely filled 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? YES NO 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First and ORMAN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) (If yes give war or dates of service) Dacy-13319 Foxhall Silver Spring Md 577-56-013 Edward Spring, Mo 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and D PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse: PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) State Dept. af Health priar to as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES T NO T FUNERAL DIRECTOR: After this certificate irectar, page 3 shauld be detached far us 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Not while of work , 196 & ta 22a. I certify that (I) (this hospital) attended the deceased from 1 Cand that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an____ directar, page 3 shauld should be filed with the causes stated abave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 8641 22d. PHYSICIAN'S S. Colesville Rd. Spg.Md. NAME (Type) Lennard Gold 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) Washington. D. C. Glenwood Cemetery 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11119 01117 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Last 2g. DATE OF DEATH 2b. HOUR Month 15 Doy (Type or print) 4:30F 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar removal, and in any event, within 72 haurs after lost hirthday) DAYS 9-26-1882 HOURS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) U. S. WIDOWED DIVORCED [onn. executed within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY S. Govt and campletely fil give_stratet address)/ 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER YES NO Middle 1S. MOTHER'S MATDEN NAME First Edward Davidson Jessie Smith 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) 579-60-9370 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONAR 4dden IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF CURONARY signed by the burial-transit p Canditians, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be detached far use as the State Dept. af Health priar ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while **FUNERAL DIRECTOR:** After this of work L ot work 220. I certify that (1) (this hospital) attended the deceased fram 1914, 1959, to 1950, that (1) (we) lost saw the deceased alive on 1962, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ANENBAUN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23o. BURIAL, CREMATION REMOVAL (Specify) Silver Spring M. Colored Spring M. Silver Spring M. M. Silver Spri 1-19-68 Gate of Heaven Cem. Maryland 250. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland 1968 30M REV, 1/68



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24. FUNERAL DIRECTOR

23o. BURIAL, CREMATION,

REMOVAL (Specify) 1-17-1968 Joseph Gawler's Sons, Inc.

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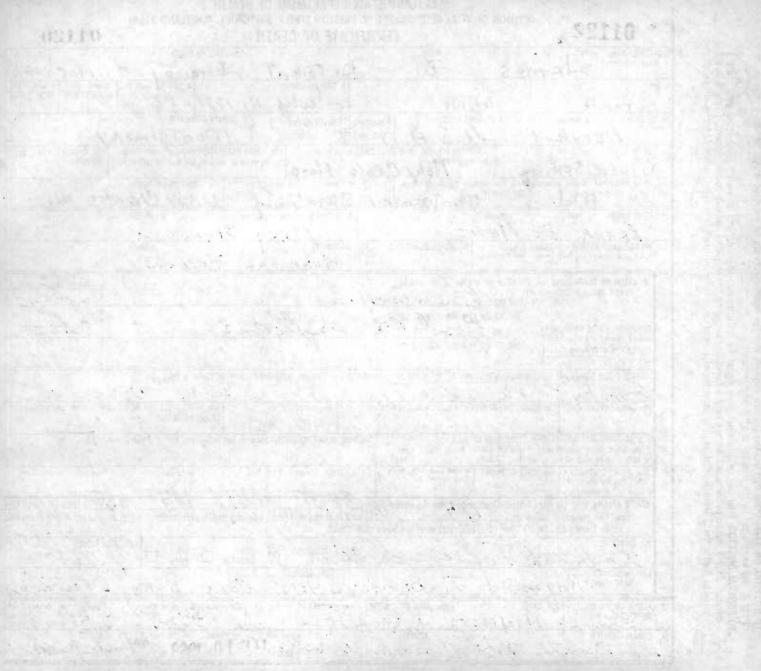
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	ecuted within 24 campletely filled ove corbon pape y event, within 77	71		Takoma Park	give street address) (Washing)	durir	ng mast af warking life, even if retired.)	HOUSTRY KISE
	ed v		13a.	USUAL RESIDENCE (Where deceasion) STATE	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE	CITY LIMITS? 13e. STREET AND NUMBER	70
	cam ove y ev	15		Marylan	Montgomery		00-10-6	nsidedrive
	ertificote be executed within 24 hours after death physicion and campletely filled in by the funerol hen please remove corbon papers. Pages 1 and 1 an	1	14. F	ATHER'S NAME First	Middle Bust	15. MOTHER'S MAIDEN NA	ME First Middle	last
	rion ease		16a.	WAS DECEASED EVER IN U.S. ARI		NO. 17. INFORMANT	Address	memore in sur
	hysic n pl		Y	es, na, ar unknawn) (If yes give v	var or dates of service)	Hosp. K	ecords	
	cer In P			18. CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (c		•	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ndir nit.			PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) Ven T	1 achy cara	led i	
	atte on, o			428X	DUE TO, OR AS A CONSEQUENCE OF	1	4	7 1 4
	t the			Canditians, if any, which gave rise to immediate cause (a),	(b) Vorance	to premowe		1/20/68.
	equires that the death certificate thy sician. Signed by the attending physician burial-transit permit. Then please burial, cremation, or removal, and			stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	10/	10. h	
	ysici ysici ned rial- iol,			last.	(4)	william other	negoty bearders	
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the director, page 3 should be detached for use os the burial-transit permit. Then please remove carbon papers. Pages shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after		×	PART 2. OTHER SIGNIFICANT CO	nditions <u>contri</u> buting to death but i	NOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
	low endii s bee os th		CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
	The att	X	RTIFI					
	AN: ol or icate for u	M		21a. ACCIDENT WAS UNDERLYIF ☐ OR CONTRIBUTING ☐ CAUSE OF DEA			(Enter nature af injury in Part 1 ar Part 2, 1	tem 18.)
	SICI spiit errif ed ed		MEDICAL	(If either, natify medical exami	ner) P.M.	9		<u> </u>
	PHY be ho lis co tach tach	н	~	ALTINO HOLATING	PLACE OF WINDOW AT HOME, FARM, STREET, FO	217. LOCATION Street or K.F.L	D. Na. City ar Tawn	Caunty State
	the left			at wark at work	is haspital) attended the decease	and from Octo, 39	19 6 / to //26/ 19/	that (I) (we) last
	Affe Affe Affe be Ste			saw the deceased o	live on //25/	19 (ex, and that in (my) (our)	opinian death accurred on the day	
	OR:		0		e, (I) (we) (did) (did not) view the	body after death.		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the shauld be filed with the State Dept. of Health prior to			226. SIGNATURE	Thouse	DEGREE PHYS.	MED. STAFF 22c. C	DATE SIGNED
	O HOSPITAL OF Poge 4 may be O FUNERAL DIR director, page	1		22d. PHYSICIAN'S		22e. ADDRESS	e birector — Titis. —	1
	SPIT 4 m IER/	1		NAME (Type)				
	ro Hospital Poge 4 may O FUNERAL I director, pag		23 0.	BURIAL CREMATION, REMOVAL (Specify) 23b	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
			24	FUNERAL DIRECTOR	- 1960 HOERS	Mysias 250 pr	C'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE .
	VR A15 (4 30M REV. 1/	68		archur Wo	lles 254. Car	rull of n W DATE!		les Judges

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01126 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Manth Russell January Conwell Diehl 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINOER 1 YEAR IF LINDER 24 HRS. offer last birthday) MONTHS DAYS HOURS White 28 July 1950 Male signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carbon papers. Rag burial, crematian, ar remaval, and in any event, within 72 hours requires that the death certificate be executed within 24 hours 76. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Country USA WIDOWED [7] DIVORCED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
The Clinical Center during most of working life, even if retired.) INDUSTRY Bethesda 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY llegany odmission) STATE Mary Land YES X NO 70 Walnut Street Frostburg 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Robert. Diehl Catherine Parker 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no er unknown) The Clinical Center, Bethesda, Md. None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: Gram negative sepsis and shock 2 days IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 1 month (anditions, if ony, which gave) acute blastic crisis rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse chronic myelogenous leukemia 3 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) ifter this certificate has been be detached for use as the State Dept. of Health priar to 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from October 30, 19 67, to January 1719 68, that (1) (we) last saw the deceased alive on January 17 19 68, and that in (ANY) (our) opinion death occurred on the date and hour and from the couses stated above, (4) (we) (did) (ere not) view the bady after death. 22c. DATE SIGNED 17 Jan 68 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF PHYS. 1-17-68 director, page 3 DEGREE PHYS. 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) George P. Canellos, M.D. Institutes of Health, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOYAL (Specify) MARYLAND FROSTRITEC 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR **ADDRESS**

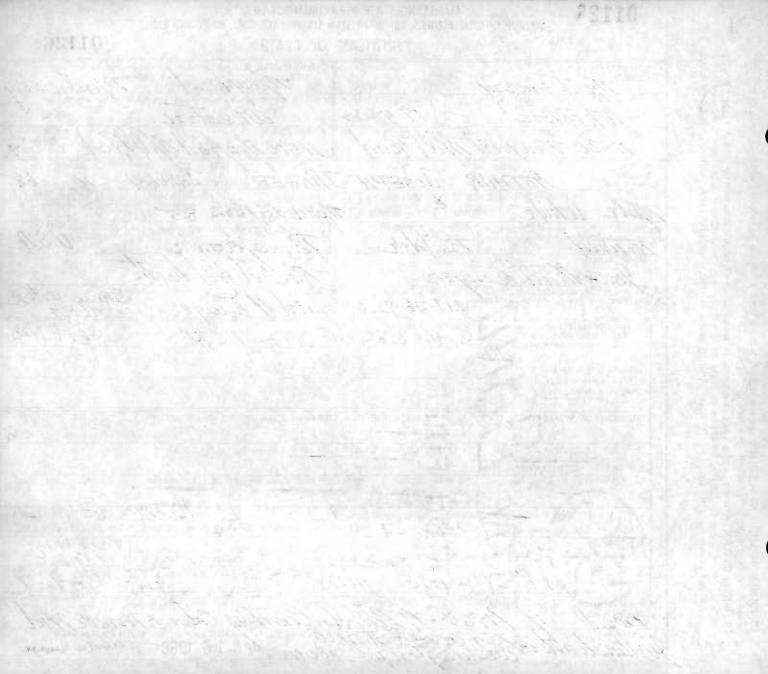
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MARYLAND STATE DEPARTMENT OF HEALTH

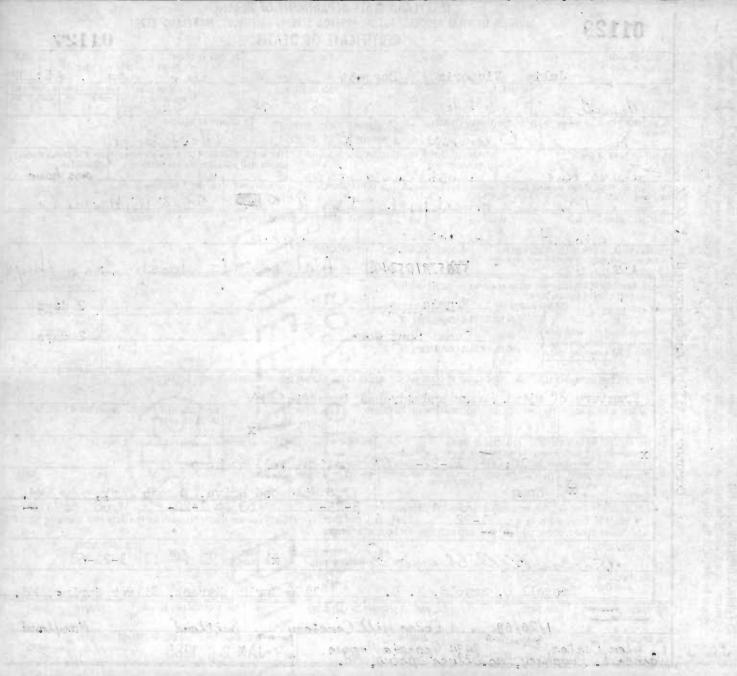
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01126 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decemeed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 1b (If duside corporate limit write RURAL and give negrest town) executed within 24 hours papers d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street d. STREET ADDRESS e. IS RESIDENCE event, within 72 ON A FARM? filled NO S YES NAME OF DATE remave carban Lost Doy Year campletely DECEASED 1968 (Type or print) DEATH 4 IF UNDER 24 HRS. SEX 6. COLOR OR DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED Months Dovs Hours and in any WIDOWED DIVORCED and 10b. KIND OF BUSINGS OR 190. USUAL OCCUPATION (Give kind of work done during most of werking life even if retired) 12. CITIZEN OF WHAT physician nen please ease COUNTRY the death certificate 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME cremation, ar remayal. MELLI attending p Address Same WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO permit. (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY 1MMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse by the haspital ar attending ed tar use as the af Health priar to last has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPS) PERFORMED? NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While of work 900 that (1) Lund last 21. 1 certify that (1) (this hespital) attended the deceased fram. Page 4 may be retained director, page a sur-FUNERAL DIRECTOR: and that death accurred a M, fram causes and an the date stated above saw the deceased alive on 7 220. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS PHYS. 22d ADDRES 22c. PHYSICIAN'S NAME (Type 23o. BURIAL, CREMATION (County) (Stote) AL (Specif 0 2Sb. REGISTRAR'S SIGNATURE & BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01127 Middle Last 2a. DATE OF DEATH 1. DECEASED-NAME **First** 2b. HOUR + Month (Type ar print) Julia Victoria Doggett :10PM after 3. SEX 4. RACE 6. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH last birthday) OAYS HOURS 3-10-15 requires that the death certificate be executed within 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) .E 6 WIDOWED X DIVORCED | Merican out gomery filled 12a. USUAL OCCUPATION (Kind of work done event, within 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR and completely file serbon processes and completely file. during most of warking life, even if retired.) give street oddress) **INDUSTRY** own home 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. SPREET AND NUMBER 136 CITY OR TOWN 13b. COUNTY admission) STATE director, page 3 should be detached for use os the burial-tronsit permit. Then please remo should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and in ony Middle 14. FATHER'S NAME Middle Last MOTHER'S MAIDEN NAME First hia physicion 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor or dates of service) Yes, no, or unknown) XXX578105249D APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Uremia BETWEEN ONSET AND DEATH amor DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave Renal Shut Down hos been signed by the se os the burial-tronsit and rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 603V PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Fracture of right Femur and Adrenal insufficiency 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO 3 TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 4 may be retained by the hospital CAUSE OF DEATH HOUR Manth Day Year (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City of (If either, notify medical examiner) 10: OBM. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at work 7908 Wildwood Drive, Takoma Park, home . 19.63 . to 1-22-22a. I certify that (1) (this hospital) attended the deceosed from 3-25-1-22 19_68, and that in (my) (our) opinion death occurred on the date and have and from the saw the deceased alive an____ causes stated obove. (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 1-22-68 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Russell B. Arnold, M. D. 1106 Spring Street, Silver Spring, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, EREMATION, 23b. DATE (County) REMOVAL (Specify) odan 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) lianter DATE JAN 2 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01130 CERTIFICATE OF DEATH 01128 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 month Silver Spring Wheaton that the death certificate be executed within 24 hour d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? University Nursino Home YES NO X 1103 Caddington Ave. 3. NAME OF DECEASED (Type or print) 4. DATE Last Month Dov Year 1/20 19 68 event, Fannie (no middle name Dolin DEATH S SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Manths 1/22/1886 and in any WIDOWED X DIVORCED Female White 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT Clothing during most of warking life, even if retired) COUNTRY? attending physician sermit. Then please Millinary clerk Rumania USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, Raphael Simon Caroline ? Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes give war ar dotes of service) 076-20-7533 Dr. Eveline D. Schulman, same as 2 above burial, crematian, no CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the haspital or attending physician. DUF TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the priartal PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? LER OSIS detached far use te Dept. af Health NO I certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, **D FUNERAL DIRECTOR:** After this director, page 3 shauld be detac should be filed with the State Dep factory, street, office bldg., etc.) Not While O HOSPITAL OR ATTENDING Page 4 may be retained by th ot work of work deceased from 2 PR/2 , 196 to 1 2 , 196 to 1 PRIL 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive on, 220. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR Mo 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 1352 University Blvd. E Hyattsville Harold Sterling. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
Burial Jan 22, 1968 Mt. Lebanon Cem. Hyattsville, Md. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 3 Goldberg Funeral Home 4217 9th Street N.W.

Louding There House 1977 St. Street B.K. 14KK S. H. 1883 KE - -

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01129 CERTIFICATE OF DEATH First Middle Last 2g. DATE OF DEATH ". 2b. HOUR 1. DECEASED-NAME requires that the death certificate be executed within 24 hours after death. funeral (Type or print) Januar Wonth Robert Short DOWDLE 930EM signed by the ottending physicion ond completely filled in by the fui buriol-tronsit permit. Then please remove corbon papers. Pages 1.1 buriol, cremation, or removal, ond in ony event, within 72 hours affor 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) Male Caucasian May 6, 1936 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)Texas USA Montgomery DIVORCED [WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY N/A give street address Hospital during west of working life, even if retired.)
Navy Reserve Bethesda 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Texas 13b. COUNTY YES NO Nacogdoches Route 3. Box 163 Middle 15 MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Middle William Chester Dowdle Reba Zelma Short 17. INFORMANT Nacogdoches. Texas 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yesna, or unknown) (If yes give war or dates of service) 430 58 8744 Mrs. Catherine K. Dowdle, Route 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Terato Carcinoma Mediastinum DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the Stote Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES 🗍 21b. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that xt) (this haspital) attended the deceased fram Oct. 12 , 1967 , to Jan. 7 , 1967 , that the (we) last saw the deceased alive an Jan. 7 1967, and that in (very) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. be retained 22c. DATE SIGNED 22b. SIGNATURE . ATTENDING PHYS. MED. DIRECTOR Jan. 9, 1968 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Elliot Perlin, M. D. Naval Hospital, Bethesda, Md. 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) ISMOVAL & Decify) 1-10-68 Odessa, Texas 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Falls Church 2Sa. REC'D BY REGISTRAR ADDRESS VR A15 (4) Funeral Home, 1102 West Broad St., Falls Church AM 30M REV. 1/68 Va.

MAKYLAND STATE DEPARTMENT OF HEALTH

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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

01130

		irst	Middle		Lost	2a. DATE OF			2b. HOUR
	(Type ar print)	thel	Marguerite	I	Eilers		January 12	1968	1:30M
3. 5	SEX	4. RACE			DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	T.	hite		20 May 1950		last birthdoy)	MONTHS DAYS	HOURS MIN.
70	BIRTHPLACE (State or foreign	7b. CITIZEN OF W				COUNTY OF	T/ YRS.		
COL	New York	USA			NEVER MARKIEU X				
_				IDOWED _	DIVORCED		gomery		Md.
10.	CITY OR TOWN OF DEATH		AME OF HOSPITAL OR INSTITU	TION (If not in		OCCUPATION	(Kind of work dane	12b. KIND OF INDUSTRY	BUSINESS OR
	Bethesda	l Th		enter.	NTH Journa mos	Studer	ife, even if retired.)	INDUSIKI -	M 2000 parts
130	. USUAL RESIDENCE (Where dec	eosed lived, if institu	tian: Residence befare 130	. CITY OR TO	WN 13d. INSIDE CITY LIMI	175? 13e. STR	EET AND NUMBER		
adn	nission) Wirginia	13b. COUNTY	I/A	lexand	ria YES X NO	27	L5 Dart Dr	ive	
	FATHER'S NAME First	Middle	Lost	Is. M	OTHER'S MAIDEN NAME Fire		Middle	<u></u>	Last
	Henry		Eilers, J		Eva			Q1	
14	o. WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURITY NO.	17 INFO			2 111	Sne	phard
100		ive war or dates of service)			RMANT The Medi				
-	NO		None	The	Clinical Cer	nter, E	Bethesda,	Marwlan	d 20014
	18. CAUSE OF DEATH (Enter	anly one cause per l	ine for (o), (b), ond (c).)			500			MATE INTERVAL INSET AND DEATH
	PART I. DEATH WAS CAL	USED BY:	am-negative	seption	cemia			4 da	LVS
-	2150		AS A CONSEQUENCE OF			- 1-2	11782.04		
	Canditians, if ony, which gar	, -	neumonia, bi	laters	3			4 da	770
	rise to immediate couse (c	a),(AS A CONSEQUENCE OF	.14 001	4 1			4 44	, y 5
	stating the underlying coulast.	se DUE 10, OR	cute myeloge	nous	Leukemia			2 ye	ars
	_	(-/						1 ~ 3	7010
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBI	JTING TO DEATH BUT NOT R	ELATED TO TH	IE TERMINAL DISEASE OR CO	NDITION GIVEN	IN PART 1(a)		
중	2043								
CERTIFICATION	19o. DATE OF OPERATION 1	9b. CONDITION FOR WI	HICH OPERATION WAS PERFOR	MED	20o. AUTOPSY?		YES, WERE FINDINGS (ONSIDERED IN C	ERTIFYING
FIE					YES NO	CAUSES	OF DEATH? Yes	3	
	210. ACCIDENT WAS UNDERL			21c. HOW	INJURY OCCURRED (Enter r	noture of injury	in Port 1 ar Port 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF		Month Doy Yeor						
ME.	21d. INJURY OCCURRED 2	The PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	1 21f LOCAT	ION Street or RED No.	City	ar Town	County	Stote
	While Nat while at wark		COFFICE BUILDING, ETC.	/					
	at wark at wark	/AL:- L - :A - \ AA			Dogombon 10 61	7 +07/	To 10	70 Ab	/87 / \ \ \ .
	22a. I certify that (1) saw the deceased	(Inis nospiral) an	January 196	and th	nat in May (aur) anin	ian death a	curred on the de	to and haur	(M (we) last
	causes stated abo	ove. M) (we) (did)	(did not) view the bad	v after dea	th.	iuii ueuiii u	ccorred on the de	ne una naoi	una main me
	22b. SIGNATURE		(HIPPEN)	,			22c.	DATE SIGNED	
	(Color V	Ta. 8	M M	D DEGREE	ATTENDING MEI	D. RECTOR	CTACE TE	January	7 1962
	22d. PHYSICIAN'S	106.00	apric	DEOREE	22e. ADDRESS The	Hinica	Center.		
		ert A. Ral	ph. MD		Institutes	of Heal	th Bethe	sda Mar	Tand
000				TERV OR CO.					(State)
230	BURIAL, CREMATION, 23	1717/68	MT COM	TERY OR CRE	MATORY Cemetery	ZSd. LOCATION	rfax Co.	(County) ~	(State)
24.	FUNERAL DIRECTOR Whe	atlev Fu	ineral ADDRESS me		2So. REC'D BY		25b. REGISTRAR'S		2.0%
	Alexandria	. Va.		5 10 1	DATE JA	MIL	1968 yel	carles &	ALD SE

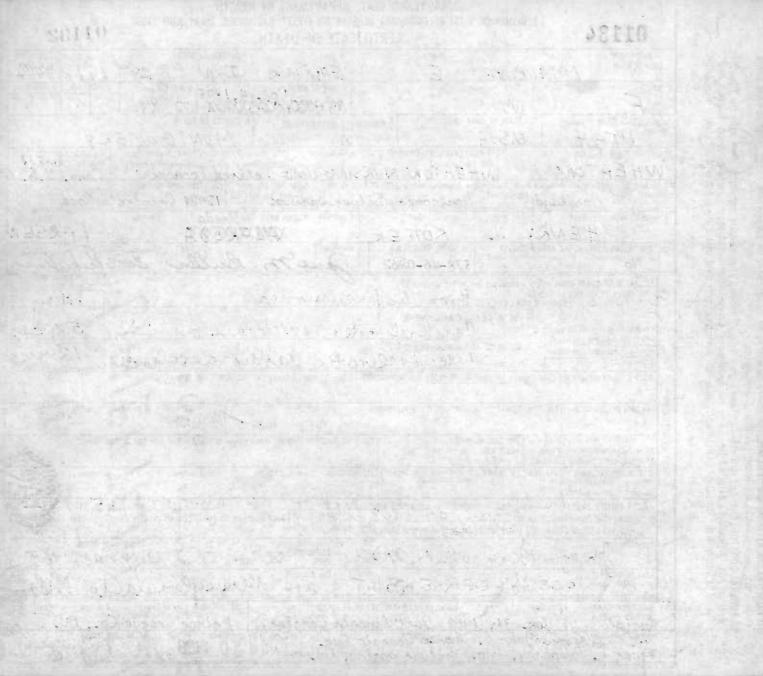
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	1	1	MARYLAND STATE DEPARTMENT OF HEALTH	21201
A		(Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND CERTIFICATE OF DEATH	01131
6	tuneral and 2		PLACE OF DEATH o. COUNTY O. STATE O. STATE O. STATE O. STATE District of Columbia	sidence before admission)
	by the Pages aurs aft		b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn) c. LENGTH OF STAY IN Ib c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest tawn)	give neorest town)
	haur haur	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	filled pape	1	Kensington Cardens Sen Marium 5130-Corr. Are. N.W. #.	369, YES \ NO \
	with hour 90		NAME OF First Middle Lost 4. DATE Month DECEASED (Type or print) GEORGE H. EMMERSON TANUATY	Doy Year 1968
	executed withing campletely remaye carbot any event, where	_	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years lost birthday) Mont	DER I YEAR IF UNDER 24 HRS.
	physician. signed by the attending physician and campletely found burial-transit permit. Then please remave carbon burial, crematian, ar remaval, and in any event, with		. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR 11.*BIRTHPLACE (County & Stote, or foreign country) INDUSTRY	2. CITIZEN OF WHAT COUNTRY?
	ificate nysicie plec al, ar	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	certi	16	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	ne death attendir permit. ian, ar re	(ye		2 above
	at the death cer . the attending p. nsit permit. The mation, ar rema		18. CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
	equires that the physician. Signed by the burial-transit burial, cremat		412.9 DUE TO P, P, P, P	2 krs-
	requii ng phy n sign e buri a buri		rise to immediate couse (a), stating the underlying couse DUE TO	ser un
	The law reathending has been se as the th priar ta		PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY
	: The property of the property	ATION	Bronchaphelimonia	PERFORMED? YES NO
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pshauld be filled with the State Dept. af Health priar to burial, cremation, ar remaval, and in any event, which is the burial contains the place of the contains the contains and in any event, which is the contains the contains the contains and in the contains	CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
	IG PHYSIC the haspii r this certii detached ite Dept. a	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work at work 20d. INJURY OCCURRED While of work of toctory, street, office bldg., etc.)	(County) (Stote)
	NDIN id by Afte d be e Sto		21. I certify that (1) (this hospital) attended the deceased fram	19, that (I) (we) la
	ATTE etaine CTOR: shauf vith th			b. DATE SIGNED
	OR DIRE		22c PHYSICIAN'S 22d ADDRESS 22d ADDRESS	0-1 1-1
	TO HOSPITAL OR ATTENDING Page 4 may be retained by the Control of Funeral DIRECTOR: After the director, page 3 shauld be deshauld be filed with the State		NAME (Type) MARVIN WAVLER 8218 Wisc, 40	Rin ya,
	O HOS Page 4 O FUN directo	230	b. BURIAL (REMATION, REMOVAL (Specify) Burial 1/4/68 Arlington National Cemetery Arlington Vi	(County) (State)
		24	4. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REC'USTRA	R'S SIGNATURE
	VR A15 (4) 20 M 1/66		Joseph Gawler's Sons, Inc., Washington, D. C. DATEJAN 5 1968	

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19-1	01135 DIVISION OF	WARTLAND STATE DEPARTME VITAL RECORDS, 301 W. PRESTON STRE CERTIFICATE OF D	EET, BALTIMORE, MARYLAND 21201	01133
death.	. DECEASED-NAME First (Type or print) Margot	Middle Lost T. Evans	January 31, Day	2b. HOUR 1968 11:28 PM
differ after after after after	female 4. RACE cau	S. DATE OF BIRT	6. AGE (In years lost birthdoy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
in 24 hour illed in by papers. P	a. BIRTHPLACE (State or foreign country) Tllinois USA	MAKKIED NEVEK MAKKI		Md.
ed within 2 pletely fille carban pa ent, within	Silver Spring Gives	ME OF HOSPITAL OR INSTITUTION (If not in hospital treet oddress) OLY Cross Hospital	12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Medical Technicia	12b. KIND OF BUSINESS OR INDUSTRY
ARED WITH MEDICAL EXAMINER, N. BELDEN REAP An: The law requires that the death certificate be executed within 24 hours often de all ar attending physician. It is a seen signed by the attending physician and campletely filled in by the fune for use as the burial-transit permit. Then please remave carban papers. Pages La Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after de	3o. USUAL RESIDENCE (Where deceosed lived, if institution dmission) STATE 13b. COUNTY Maryland Mc	ontgomery Rockvile	AL INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO 1113 Lewis	Ave.
and rem	4. FATHER'S NAME FIRST MIDDLE	LOST IS. MOTHER'S MAIL		Last
A.M.	Edward 6a. WAS DECEASED EVER IN U.S. ARMED FORCES?	Thompson Else 16b. SOCIAL SECURITY NO. 17. INFORMANT	Address	Sprinks
EXAML ifficate be hysician an n please re ral, and in i	Yes, na, ar unknawn) (If yes give war or dates of service)		rans, daughter	
certiff g phy Then mava	1B. CAUSE OF DEATH (Enter only one couse per lin	•	Apretic	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TCAL De death cel attending premit. The	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	uptimed Prosthetic	Starr-Edwars) Value	Immediate
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MEDI REAP hat the n. n. yy the at ansit per	Canditions, if ony, which gove rise to immediate couse (a),	Heumatre Heart Vis	end (ost yesting)	76/49
CTH MED OEN REA quires that th physician. signed by the burial, crematir	stoting the underlying couse DUE TO, OR A	S A CONSEQUENCE OF		
WITH LDEN requires ing physic sen signer the burial rta burial	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELATED TO THE TERMINAL I	DISEASE OR CONDITION GIVEN IN PART 1(a)	
D WIN BELD) e law req tending p ts been si as been si prior ta bu	190. DATE OF OPERATION 196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED 200. AUTOPS	CALISES OF DEATHS	ONSIDERED IN CERTIFYING
RE The street of	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF	INITIPY 215 HOW INSURY OCCU	RRED (Enter noture of injury in Port 1 or Part 2,	ltom 18)
屋 中口巻 準元岩	G or contributing cause of Death (If either, notify medical examiner) HOUR A.M.	Month Doy Yeor	tale (this holde of injury in roll 1 of run 2,	nem 10.j
PH e F e F e F e F e F e F e F e F e F e		AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street	ar R.F.D. No. City ar Town	Caunty State
ADING d by th After tl d be de e State	22a. I certify that (I) (this hospital) atte	19 and that in (my)	, 19_64 ta	68, that (I) (we) last ite and haur and fram the
TOR: haul	causes stated abave, (I) (22b, SIGNATURE)	(did nat) view the bady after death.	224	DATE SIØNED /
OR A be ref	Semme My	Pay DEGREE ATTENDING PHYS.	MED. STAFF PHYS. D	2/1/68
TO HOSPITAL OR ATTEND Page 4 may be retained in the Solution of Funeral Director. Af director, page 3 shauld is should be filed with the Solution	22d- PHYSICIAN'S Herman	MAGAHZINI 220. ADDRE	/	well, hed.
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page should be file	230. BURIAL, CREMATION, 23b. DATE CREMOVAL (Specify) Cremation 2-2-68	23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Crem	23d. LOCATION (City or Town) atory Suitland,	(County) (State) Maryland
VR A15 (4) 30M REV. 1/68	24. FUNERAL DIRECTOR		SG. RECD BY REGISTRAR 1988. REGISTRAR'S	SIGNATURE .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01134 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH requires that the death certificate be executed within 24 hours after-death burial-transit permit. Then please remave carban papers. Pages 1 apd 2 burial, crematian, ar removal, and in any event, within 72 haurs after death. (Type or print) Month the formera Pearl Ellen Evans January 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR attending physician and campletely filled in by the t permit. Then please remave carban papers. Pages. MONTHS OAYS HOURS 26 May 1908 Female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED XX NEVER MARRIED country) Montgomery

12a. USUAL OCCUPATION (Kind of wark done during most af warking life, even if refired.)

Housewife WIDOWED [DIVORCED [South Carolina 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR Bethesda | Give street oddress) | Bethesda | The Clinical Center, NIH | 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN **INDUSTRY** 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER South Carolina 13b. COUNTY NO T 407 Gillsbrook Road Lancaster 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle James Blackmon Charlotte Caston 16b. SOCIAL SECURITY NO. Address Bethesda, Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes no ar unknawn) (If yes give war or dates of service) 249-03-4218 The Medical Records, The Clinical Center/ 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia 36 hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave signed by the burial-transit p (b) Renal Failure 4 weeks rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause () Mycosis Fungoides 3 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta Osteoporosis and Hypercalcemia 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES KX NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical examiner) HOUR A.M. Month Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 220. I certify that 44 (this haspital) attended the deceased fram 8 November, 19 67, to 17 January 19 68, that (X) (we) last saw the deceased alive an 17 January 19 68, and that in (My) (our) opinion death occurred on the date and haur and from the causes stated above, (X) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR STAFF PHYS. DEGREE 18 January 1968 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN NAME (Type) Joseph D. Croft. Institutes of Health, Bethesda, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE (County) BADAN LOBOLA) Lancaster Mem. Park
ADDRESS 250. REC'D BY Park Lancaster, So. Carlina
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1-20-68 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 1Charles ROBERT A. PUMPHREY, Bethesda, Maryland DANEJAN 24 1968

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01135 1. DECEASED-NAME Middle 20. DATE OF DEATH Lost 2b. HOUR lease remove carbon papers. Pages 1 and and in any event, within 72 hours ofter death ond (Type or print) Month RANDALL S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR requires that the death certificate be executed within 24 hours after last birthday) 8/6/08 Nole 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED country ond completely filled in U.S.A. Montgomery WIDOWED DIVORCED Nebraska 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done / 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Retired Budget Directo giye, street oddress) 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY YES 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Bush pleose the attending physician sit permit. Then pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) burial, cremation, or removal, Gene Mari vans APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o)) (b), BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the attendii burial-tronsit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or ottending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Bleare prior to hos been use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X Heolth this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY jo OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy State Dept. of (If either, notify medical examiner) P.M detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After 220. I certify that (I) (this hospital) attended the deceased from 1968, and that in (my) (our) opinian death occurred on the dote and hour and from the saw the deceosed alive on___ director, poge 3 should should be filed with the couses stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) George William 1835 9 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION 23b. DATE (County) (Stote) REMOVAL (Spegify) Md-Silver Spring Mont. Gate of Heaven Рапиали 26 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR DATE JAN Pumphreu Silver Spring

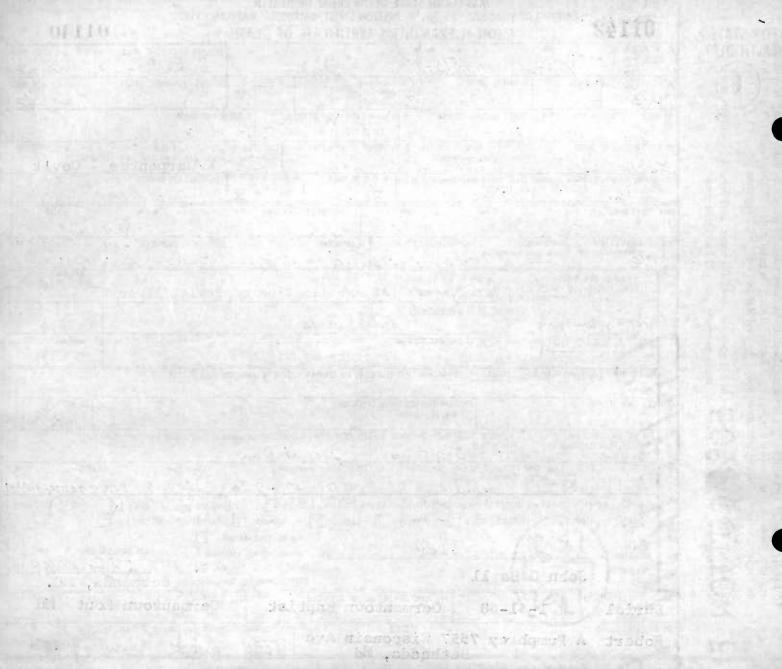
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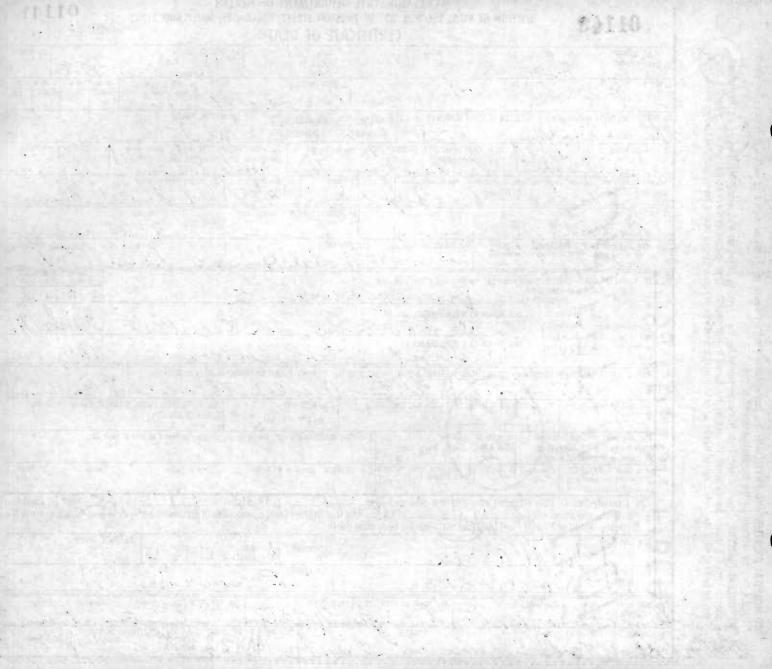
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11	fi	em 18, 21a, 22a MARYLAND STATE DEPARTMENT OF HEALTH 1m 398 3-DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	01142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01140
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth OF ESTI-	Day Year 2b. HOUR
Bog to is		Almase Platthew FINC DEATH MATED DEATH MATED DEATH MATED	28 1968 4 7 M
2, and 3 PM3. Pog	3. SI	lost burthday) MIN PAYS MIN MAN ALL ALL ALL ALL ALL ALL ALL ALL ALL A	Year 20 CO
2, or		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	Year 1968 5 2 M
ny i 1, 2, orm P	coun		Md.
ages ages th fo	10. 0	CITY OR TOWN OF DEATH	13F KIND OF DUSINESS OD
hours ofter death ltem 18. Give Pages Office olong with for land 2 with the State after death.	E	Sethes da give street godress) Haspital during most of warking life, even if retired Refree Carpenter	INDUSTRY GOV't
offer offer olong vith soth.		USUAL RESIDENCE (Where deceased lived, it institution: Residence before ISC. CITT OR TOWN	
hours ofte Item 18. Gi Office oloni 1 and 2 with		FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	6
1 ho Iter Off	14. 1		tost
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1	theretury mo.
INER: This certificate should be executed within 24 hours ofter death se certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, should be forworded to the Chief Medicol Exominer's Office olong with form files. 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Denotion, ar removal, and in any event within 72 hours after death.	(1	(es no or unknown) (If yes give wor or dates of service) 577-143057 atha R. Fink 48 west Dec	1 6 ~
should be executed with word "pending" in period the Chief Medicol Exoruriol-transit permit. File in ony event within 72		B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: XXXXXXXXX Fat embolization of Brain, liver	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding" in Medicol E permit. F		IMMEDIATE CAUSE (a)	B
e execute pending" ef Medico sit permit		Ouditions, if only, which gave) Londitions, if only, which gave) Londitions, if only, which gave) Londitions, if only, which gave)	6 days
ord bord chi		rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	- day o
should be e ne word "per o the Chief I buriol-transit		lost. Fracture of Hip	23 days
bical EXAMINER: This certificate should please execute the certificate, writing the word director. Page 4 should be forwarded to the Chretoined for your files. DIRECTOR: Page 3 should be used as a burial-tract to burial, cremation, ar removal, and in any or to burial, cremation, ar removal.	-,5	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
rifico riting rorde rorde dos dos	NO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
s certii e, writ forwor i used emovo	CERTIFICATION	WAS PERFORMED?	YES NO NO
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INER: TI e certifice should by files. 3 should I	MEDICAL	PRIMARY A OR CONTRIBUTING HOUR A.M. Jan 5 1968 Fell at frome -	
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TOR:		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
ase recto sine to b	18	deoth resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
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o DEPUTY SICAL EXAMINER: necessary, please execute the certi the funerol director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 should Health prior to burial, cremotion,	02.	ADDRESS (SHOOT, CITY, COMMY) BELLIES	
01 + + 01 He		Benarion, 1-31-68 23c. NAME OF CEMETERY OF CREMATORY BENATICE (CITY) 23d. LOCATION (City of Igwin) Germantown 23d. LOCATION (City of Igwin)	MOTH ME
A34		FUNERAL DIRECTOR Robert A Pumphrey 7557 Wisconsin Ave DATE TO BY REGISTRAR 25b. REGISTRAR'S	0 0 0 0
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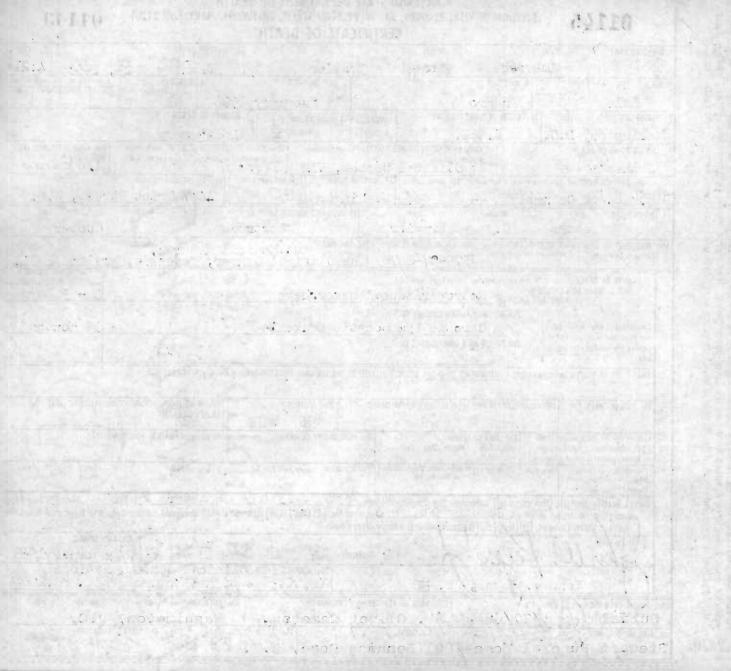


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01143 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle haurs after death Month (Type or print) THELMA FOX 1968 S. DAJE OF BIRTH 6. AGE (In years last birthday) IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE DAYS HOURS MONTHS YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED * 24 12a. USUAL OCCUPATION (King of work done 12b. KIND OF BUSINESS OR. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH requires that the death certificate be executed within INDUSTRY AUO give street address during most of working life, even if retired.) campletely f burial, crematian, ar remaval, and in any event, wil 13d. INSIDE CITY CIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136. CITY OR TOW 13b. COUNTY admission) STATE YES NOT 14. FATHER'S NAME Middle Middle IS. MOTHER'S MAIDEN NAME First First and physician (16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. JNFORMANT Yes, na, or unknown) (If yes give war or dates of service) -38-1073 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) the signed by the burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the t f Health priar ta b has been 20b. IF YES, WERE FINDING CONSIDERED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19o. DATE OF OPERATION CAUSES OF DEATH? YES [TO FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year detached for te Dept. of I P.M. (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. State directar, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at work ATTENDING 22a. I certify that (1) (this haspital) attended the deceased from Q 1965, and that in (my) (aur) apinion death accurred an the date and haur and fram the saw the deceased alive on. be retained causes stated abave (1) (we) (did (did nat)) view the bady after death. 22b SIGNATUR 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ARRE (State) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) BURIAL, CREMATION, REMOVAL (Specify) REGISTRAR'S SIGNATURE REGISTRAR N 2 2 ADDRES! 2Sa. REC'D 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



7	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01142
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
is de de	(Type or Print) Mary Noreen Franck. DEATH MATED JOS.	18 1968 923 N
P 23 2	2 CEV A DACE CONTROL OF BIOTH A ACE IN HINDER 1 VEAP A DATE DOLLOWS DELLA	2d. HOUR
ny delay is 2, and 3 ta PM3. Page	72. SEX 4. RACE S. DATE OF BIRTH OF MINTER AND DOY TYPE A	Yeor 1968 923 M
- C	7a. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	11.00
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de X e	Bethesde give street oddress burban during most of working life, even itetired.)	INDUSTRY
Giv Th th	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	- 1
s after 18. Giv alang 2 with death.	odmission) STATE Va- 13b. COUNTY Richmond Richmond YES X NO 4727 Patte	rson obe.
haurs Item 1 Office after after	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
24 haurs after death in Item 18. Give Page r's Office along with the Street street after death.	John 7 Hardy Kate Walton	
	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	,
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 220-44-9361 17. INFORMANT Son Carlisle W 410 OAK St. Gail	theis Buig Mel
d with per Exar Exar File	18 CALICE OF DEATH (Enter only one cours one line for (a) (b) and (c)	APPROXIMATE INTERVAL
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O DEPUTY DICAL EXAMINER: necessary, please execute the cert the funeral directar. Page 4 should 5 may be retained far your files. O FUNERAL DIRECTOR: Page 3 should Health priar to burial, cremation,	220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry X	, ond in my opinion
ex e	deoth resulted from: Noturol couses X, Accident , Suicide , Homicide , Undetermined monner [
please e director retained DIRECTOR OF TO BUSECTOR	CHIEF MEDICAL EVAMINED	
TY Pleasy, pleasy, pleasy and direction of the prior to prior to	ACTUAL SIGNATURE John 3. 13.20 M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	IGNED
dary, ary, be ERA	DEPUTY MEDICAL EXAMINER TO	-18 1968
o DEPUTY necessary, the funeral 5 may be 0 FUNERAL	NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	
10 P	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(County) (Stote)
	REMOVAL (Specify) Rurial 1/20/68 Forest Lawn Richmond, Va.	THE PARTY OF THE P
	124 FUNERAL DIRECTOR JOE FUNERAL HOME 133APDR CKVILLE PIRSE REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE.
VR A15ME (5) 10M REV. 1/68	Rockville Md. DATE JAN 24 1968	the Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01146 CERTIFICATE OF DEATH 01144 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Prince Gleores The law requires that the death certificate be executed within 24 hours affect b. CITY OR TOWN (If outside carearate limits. c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If autside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 8113 15th and, d. NAME OF HDSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS DN A FARM NO NAME OF DATE Last Doy Year DECEASED 1968 (Type or print) DEATH IF UNDER 1 YEAR S. SEX 8. DATE OF BIRTH IF UNDER 24 HRS 6. CDLOR OR RACE AGE 7. MARRIED NEVER MARRIED Months WIDOWED DIVORCED unknown 10o. USUAL DCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Poland KOUSEW 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Nursing Home Kecords 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 1 ekkinul IMMEDIATE CAUSE (o) DUE TD Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse as the of Health priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? a Rte Rio Scherotic NO X far 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) Not While ot work of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from Soft 6 saw the deceased glive on 1963 and that death accounts , 1966, tak/AN. 26 1965, that (We) last 1960, and that death accurred at 10136PM, from causes and an the date stated above. saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S G. SHERERAND NAME (Type) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION. 23b. DATE THEREOF BUP (Specify) t. Lion Cem. Long 5 13/14 2So. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR VR A15 (4) Charles Naug and La DATE AN 25M 1/67

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PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, the hospital or ottending physician. This certificate has been signed by the ottending physician and completely filled in by the funeroletached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 Dept. of Health prior to burial, cremation, or removal, and in any efect, within 72 hours after death.		CITY OR TOWN OF DEATH	give	street oddress)	1		during most of	of working lif	fe, even if retired.)	12b. KIND OF INDUSTRY	ROZINE22 OK
≥ ele	13a	Wheaton USUAL RESIDENCE (Where of	leceased lived, if institu	niversity /	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STRE	ET AND NUMBER		
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and completely remove rational	14	FATHER'S NAME First	Middle	Last			AIDEN NAME First	10	Middle	IVL	Lost
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hys gne uria uria		PART 2. OTHER SIGNIFICAN		JTING TO DEATH BUT NO	OT RELATED TO	THE TERMINA	L DISEASE OR COND	ITION GIVEN	IN PART 1(o)		
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low ndir bee s th ior t	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUTO	PSY?		'ES, WERE FINDINGS C	ONSIDERED IN C	ERTIFYING
has has	1 SE					YES	NO 🗆	CAUSES C	OF DEATH?		
or or use		21a. ACCIDENT WAS UNDE			21c. HO	W INJURY OCC	CURRED (Enter not	ture of injury	in Part 1 or Port 2,	Item 1B.)	
CIA SEPTION OF THE SE	MEDICAL	OR CONTRIBUTING CAUSE (If either, notify medical e		Manth Day Year	,						
G PHYSICIAN: the hospital or this certificate detached for u	ME	21d. INJURY OCCURRED	21e. PLACE OF INJURY			CATION Street	et or R.F.D. No.	City o	r Tawn	County	Stote
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ed the African	11	saw the deceas	ed alive an bove, (I) (we) (did)	15	968 and	thot in (m	ıy) (our) opinio	n death oc	corred on the do	ote and hour	and fram the
TO Roin the		22b. SIGNATURE	bove, (i) (we) (ala)	(ole nor) view the	body dilei d	eum.			220	DATE SIGNED	
OR ATTENDING be retained by th DIRECTOR: After t 18 3 should be de ed with the Stote		220. SIGNATURE	allass,	1100	DEGRE	E PHYS.	NG MED.	TOR 🗆	STAFF PHYS.	IANI 5	- 1940
V by		22d. PHYSICIAN'S	CON /	100	0.000	1220 ADD	2239C			7770	1140
RAI be		NAME (Type) Wa	lter Goozh	, M. D.//		230	9 Shoref:	ield R	ld., Wheat	on, Md.	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to	230	. BURIAL, CREMATION,	23b. DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23	Bd. LOCATION	l (City ar Town)	(County)	(Stote)
She dire		REMOVAL (Specify)	Jan 9,1968		n Memo	rial C	emetery.	4001	Suitland	Rd, Pr.	Geo. Nd.
	24.	FUNERAL DIRECTOR		ADDRESS			2Sa. REC'D BY RE		2Sb. REGISTRAR'S	SIGNATURE	20.00
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01149 CERTIFICATE OF DEATH Middle 2a. DATE OF OEATH DECEASED-NAME First 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) TANUARY Month 6136 M WALTER URLOW 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthdoy) Cauc. Dec.10.1888 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Minn. Montgomery WIDOWED | DIVORCED signed by the attending physician and completely filled if burial-transit permit. Then please remave carban paper burial, cremation, ar removal, and in any event, within 72 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Carroll Hall during most of working life, even if retired.)
Adv. Mgr. Newspaper Kensington 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Montgomery Chevy Chase ESE NO 5819 Highland Drive 14. FATHER'S NAME First Lost IS. MOTHER'S MAIDEN NAME First Samuel C. Furlow Elizabeth Jones 16b. SOCIAL SECURITY NO. Wife 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) Same as Item 13. 578-10-2082 Gertrude D. Furlow APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH HYPERTENSIVE HEART IMMEDIATE CAUSE (a) ___ DUE TO, OR AS A CONSEQUENCE OF 10 ESSENTIAL HYPERTENSION Canditians, if ony, which gove) rise to immediate couse (a). OUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause ARTERIOSCLEROSIS GENERALIZED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SEWILITY directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. OATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TE O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY or contributing Cause of Death (If either, notify medical examiner) HOUR A.M. Manth Doy Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while at wark 22c. DATE SIGNED 22b. SIGNATURE ATTENOING DEGREE 22d. PHYSICIAN'S 22e. ADDRESS M. LOWDEN 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, (County) Cremation Suitland, Maryland 1-25-68 Cedar Hill Crematory FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland Charles 2 1968 DATEFEB 30M REV. 1/68

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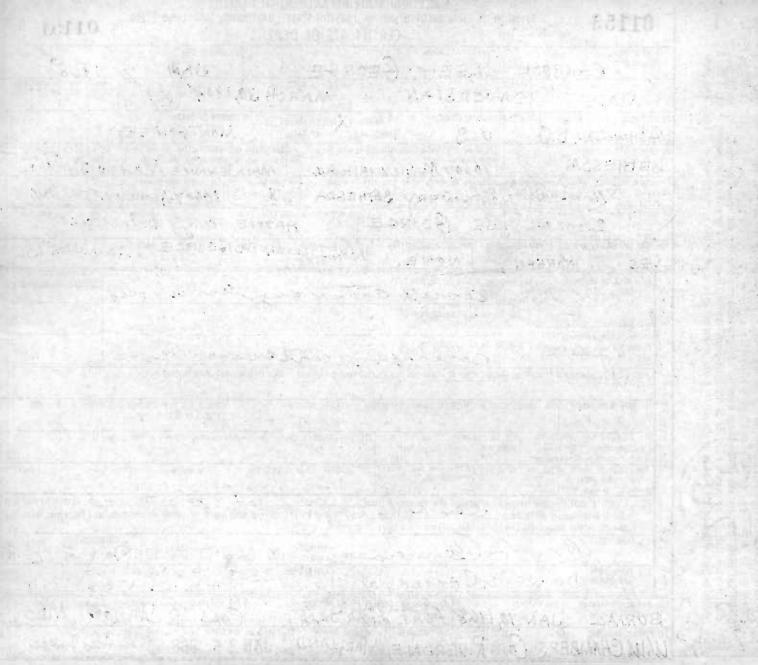
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7				01150 DIVISION OF VITA	AL RECORDS, 301 W. PRESTOR		MARYLAND 21201	
	(A)				CERTIFICATE	OF DEATH		01148
	Ter death			LACE OF DEATH COUNTY MONTGONERU	/ MARYLAND	o. STATEMARU /a	e deceased lived, if institution: Rib. COUNTY	nowtgomery
	equires that the death certificate be executed within 24 hours after physician. Signed by the attending physician and campletely filled in by the funcial-transit permit. Then please remave carban papers. Pager I burial, cremation, or remaval, and in any event, within 72 hours after			. CITY OR TOWN (If autside corporate limits, write, RURAL/and give negrest tawn) . NAME OF HOSPITAL OR INSTITUTION (If not in hasp	c. LENGTH OF STAY IN 1b 10 days ital, give street address)	c. CITY OR JOWN (If autside STORE STREET ADDRESS	corparate limits, write RURAL on	l e. IS RESIDENCE
	in 24 ho filled in papers. thin 72 h	90		University Nurs	ing Home	9408 0	lire Ave	ON A FARM? YES NO
	ed withi	15		111160	ecilia Galla	agher	DATE Month OF DEATH Jawas	
	PHYSICIAN: The law requires that the death certificate be executed within 24 haurs e hospital ar attending physician. The hospital are attending physician and campletely filled in by stached for use as the burial-transit permit. Then please remove carban papers. Papept. af Health prior to burial, crematian, or removal, and in any event, within 72 haurs	1	S. 5	F W WIDO	RIED NEVER MARRIED 8. WED DIVORCED 05. KIND OF BUSINESS OR	4/16/1884	last birthdoy) Mor	INDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min. 12. CITIZEN OF WHAT
	ian al			g most of working life, even it retired)	INDUSTRY	Wowa Scot	ine, or tareign country)	COUNTRY?
	certificate be g physician of hen please naval, and ii			FATHER'S NAME Hac INDIS		14 MOTHER'S MAIDEN NAMI	Barrett	
	attending permit. The		(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? , ng, ar unknawn) (If yes give war or dates af service)	16. SOCIAL SECURITY NO. 17. IN 577-16-0035 MA	rs. John Bown	les 9408 Wire	Ave. SS. MO
	that the an. by the a transit pe			18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	fe for (a), (b), and (c).).	! hemanh	age.	INTERVAL BETWEEN ONSET AND DEATH
	The law requires th attending physician. has been signed by se as the burial-tra h prior ta burial, cre			Conditions, if any, which gove hise to immediate cause (o),	Platelet dep	redny		2 manths
	tending speen speeps			stating the underlying couse DUE TO				
	dr atten ar atten ite has k use as	2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	bing PHYSICIAN: The law reby the hospital ar attending lifer this certificate has been be detached far use as the State Dept. af Health prior ta		CERTIFI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OCCURRED. (E	enter nature af injury in Part	I ar Part II of item 18.)	
	VG PHYSIC the hospier this certical detached		MEDICAL	Haur a.m.	Od. INJURY OCCURRED 20e. PLACE While Nat While factor t wark of work	F OF INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
	ATTENDING etained by th CTOR: After the shauld be de		Ţ	21. I certify that (I) (this haspital) a saw the deceased alive an	ttended the deceased fram	death accurred at 2	Z, ta flow of the causes and	1958, that (1) (46) last an the date stated above
	OR ATTENDING be retained by DIRECTOR: After ge 3 shauld be ed with the State			220. SIGNATURE	Embell, M.D.	ATTENDING MED PHYS.	CTOR STAFF	2b. DATE SIGNED 1
	TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the hat of FUNERAL DIRECTOR: After this director, page 3 shauld be detaged shauld be filed with the State Delay	1		22c. PHYSICIAN'S NAME (Type)		9801 Tes	ngia for She	he spring he
	Age 4 FUNI		230	BURIAL, CREMATION, REMOVAL (Specify)	23c. NAME OF CEMETERY OR CO	REMATORY	23d. LOCATION (City or Town) Washington,	(County) (Stote)
	VR A15 (4) 25M 1/67		24	FUNERAL DIRECTOR POPULA	~ 385 1-14-41	D- C 250. REC'D BY		
	23/41 17 07	0	1.7	Lauren - Comment	1041 Tak/4	DATE		// /

CONTRACTOR SERVICES TRACEMENTS STATE OF THE SERVICES OF THE SE BILLIE algoriti di puncifo de la la companio de la companio della compani A STOLEN THE CHALLE TO THE SECTION OF March 1971 Commission of the second s

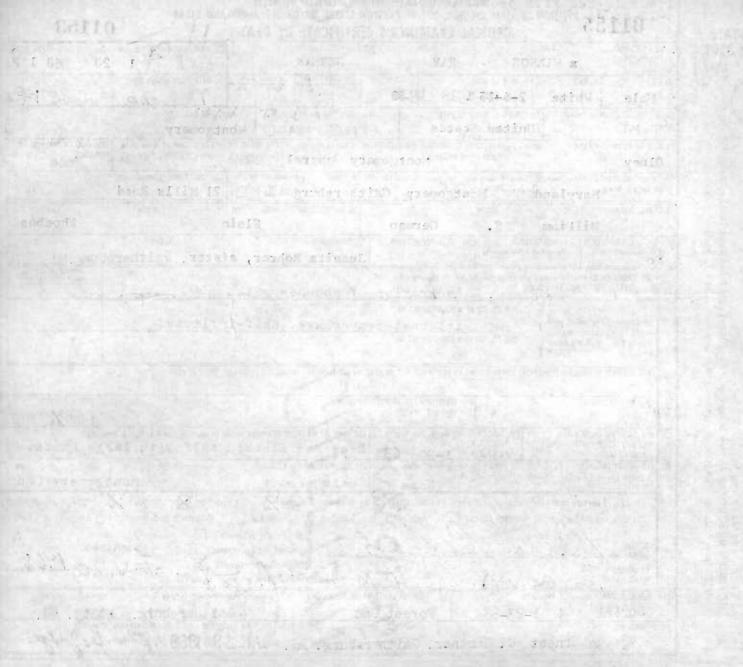
1	01152	DIVISION OF VITAL RECORDS.	D STATE DEPARTMENT OF 301 W. PRESTON STREET, BAI		
		TOGIL TO I	CERTIFICATE OF DEATH	LK.	01150
	EASED-NAME First pe or print) Wil:	Middle Liam Harold	lost Geatches	2a. DATE OF DEATH Month Da	
3. SEX		4. RACE	S. DATE OF BIRTH	January 5	1968 GOSP IE UNDER 1 YEAR IF UNDER 24 HRS.
1000	ale	White	5 June 1928	last birthdov)	MONTHS DAYS HOURS MIN.
7n BIR	RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
cauntr	y)Indiana	U.S.A.	WIDOWED DIVORCED	Montgomery	M
10. CIT	y or town of DEATH Bethesda	11. NAME OF HOSPITAL OR INS give street address) The Clinical	TITUTION (If nat in haspitol li2o. US Center, NIH	SUAL OCCUPATION (Kind of work done most of working life, even if retired.) rofessor	12b. KIND OF BUSINESS OR INDUSTRY University
admiss	SUAL RESIDENCE (Where deceases ion) STATE aryland	ed lived, if institution: Residence before 13b. COUNTY Anne Arunde 1	13c. CITY OR TOWN 13d. INSIDE CIT	Y LIMITS? 13e. STREET AND NUMBER NO ROUTE 5. Box	
	THER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME	First Middle	Last
ol .	George	Geatches	Mu	riel	Burris
16a. W Yes	VAS DECEASED EVER IN U.S. ARA s, na, ar unknawn) (If yes give w Yes 1946	ar ar dates of service)	17. INFORMANT The Med	ical Records Address Center, Bethesda, M	aryland 20014
1	8. CAUSE OF DEATH (Enter on	u and cause nor line for (a) (b) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
3	PART I. DEATH WAS CAUSED	BY: JIE (AUSE (a) Localized	empyema empyemia intra abo	lominal	days
	2050	DUE TO, OR AS A CONSEQUENCE OF			
	Canditians, if any, which gave is it is immediate cause (a),	(b) Acute myel	ogenous Leukemia		25 months
	istating the underlying cause(a),(DUE TO, OR AS A CONSEQUENCE OF			
-	ast.	(c)			
	PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
No	9a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
CERTIFICATION			YES 🗔 NO	CALISES OF DEATHS	
	la. ACCIDENT WAS UNDERLYIN			nter nature af injury in Part 1 ar Part 2,	Item 18.)
MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEAT If either, natify medical examin	H HOUR A.M. Manth Day Year ner) P.M. 19			
, i	21d. INJURY OCCURRED 21e. While Nat while twark at wark	PLACE OF INJURY (AT HOME, EARM, STREET, EAC OFFICE BUILDING, ETC.	TTARY.) 21f. LOCATION Street ar R.F.D.	Na. City ar Tawn	Caunty State
	22a. I certify that (1) (th	s haspital) attended the decease	ed fram11 October , 19	67 _, to 5 January, 19	68 , that (we) la
		is haspital) attended the decease live an.5. January l , (X) (we) (did) (did) (with view the	9 68, and that in (mx) (aur) a bady after death.		
2	22th SIGNATURE	Yours	MD DEGREE PHYS.	MED. STAFF	DATE SIGNED January 1968
2	PHYSICIAN'S NAME (Type) Robe:	rt C Young, M.D.	22e. ADDRESSThe Institute	Clinical Center, s of Health, Bethes	National
1 23a. B	BURIAL, CREMATION, 23b. REMOYAL (Specify)	DATE 23s. NAME OF BALL	CEMETERY OR CREMATORY NATIONAL	RA LIVER R. F.	(Caunty) (State)
24. 5	ONERAL DIRECTOR	ADDRESS	2So. REC'E	D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
toh	14.49/01X	ous Unnepol	b/Mao DATE J	AN 10 1968 FCC	arles Judge

MARYLAND STATE DEPARTMENT OF HEALTH 01153 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01151 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR funeral Tand death (Type or print) GEORGE ARROLL 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. after signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please remave carban papers. Pages T burial, crematian, ar remaval, and in any event, within 72 haurs an 3. SEX 6. AGE (In years' MARCH 30, 1908 CAUCASIAN last birthday) MONTHS HOURS MALE certificate be executed within 24 hours 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED MONTGOMERY WASHINGTON, D.C. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during mast of warking life, even if retired.) U.SNAVAL BETHESDA MAINTENANCE MAN 10607 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES BETHESDA NO T IMGOT KENILWORTH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Los EORGE ARRULL LEE HATT/E MRS, LILLIAN M, GEORGE Address SAME AS 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes na ar unknown) NONE. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that the death IMMEDIATE CAUSE (a) Cecute DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) be retained by the haspital or attending director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? CAUSES OF DEATH? YES T NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from 1960, to 30, 1960, that (I) (we) last saw the deceased alive an 1960 and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S 23c NAME OF CEMEJERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE (County) 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 30M REV. 1/68



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FOR STATE		UII) 5					ERTIFICATE					011	53	
HEALTH DEPT		Ype or Print)	Fire WI	LSON	R	Middle AY		Lost GERMAN		OF	KNOWN ESTI- MATED	Manth	Day 20	Year 1968	2b. HOUR
and a grant art ment	3. S E	X Male	4. RACE White	S. DATE OF	BIRTH 25-191	& last	E (In years highday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		RONOUNCED	DEAD	Year		2d. HOUR
Depart Contract	7o. E	BIRTHPLACE (Stote		7b. CITIZEN OF United	WHAT COUN	ITRY?	8. MA	RRIED NEVER MA		OUNTY OF DE	ATH	.0		17.00	10"
hours ofter death. Item 18. Give Pages Office olong with for lond 2 with the State ofter death.		olney	DEATH	1	1. NAME OF	HOSPITAL OR IN	ISTITUTIO	N (If not in hospital	120. USUAL C	OCCUPATION (Kind of work		12b. KINI INDUSTR	or Busin	IESS OR
hours ofter Item 18. Give Office olong Iond 2 with th	130.	USUAL RESIDENI Imissian) STATE	E (Where deced Marylan	osed lived, if in 13b. COUNT	stitution: Re	sidence before		thersburg	3d. INSIDE CITY LIMITS? YES NO		T AND NUMBI			0110	
24 hours in Item 1 r's Office ss lond 2 rs ofter o		ATHER'S NAME	First William	Mi	ddle	lost Germa	n	1s. MOTHER'S MA	IDEN NAME First		Midd	lle		last Phoe	bus
hin ncil ninel poge	(Y	WAS DECEASED EV es, na, ar unknow		FORCES? e war ar dates of serv		CIAL SECURITY N		17. INFORMANT Juanita I	Bohrer, s	sister	ADDRESS . Gait		sburg	z.Md	
executed wit nding" in pe Medical Exon permit. File nt within 72	9.0	18. CAUSE OF PART 1. D	DEATH (Enter of EATH WAS CAUS JMMED	nly one cause p ED BY: IATE CAUSE (a)	-)	of abdom	TANTO LA				AP	PPROXIMATE IP WEEN ONSET A	
uuld be executed vord "pending" in ne Chief Medical E ol-tronsit permit. F any event within			iny, which gave iate cause (a),	DUE 10,	OR AS A CO		L he	morrhage	, self-	inflic	ted				
sho e v o th o th in		stating the un last.	derlying cause	DUE TO,	1211	ONSEQUENCE OF									
cate of the ed the ed the and and	NC	97	7X	DITIONS CONTRI			MIE	TO THE TERMINAL C	DISEASE OR CONDITI	ION GIVEN IN	PART 1(a)				
0 7 2	CERTIFICATION	19a. DATE OF C			W	ONDITION FOR V AS PERFORMED?	?							YES YES	NO 🗆
編 平 0	DICAL	CAUSE OF DEAT	R CONTRIBUTING H	HOU	IR A.M.	Manth, Day, Yeo L−20 19€	58	21c. HOW INJURY OF Deceased	stabbe	d self	f with			knif	e.
EXAMINER: .ute the certiage 4 should . your files. . Page 3 shou	ME	21d INJURY OCI WHILE AT WORK		PLACE OF INJUI actary, affice bu	RY (At hame ilding, etc.)	, farm, street, Home		21f. LOCATION Street Gaither		City	or Town	Mon	County		State Md
CAL exector. Por. Por. Por. Por. Por. Por. Por. P			certify that I sulted fam:	_	of the rem			re, held an Auto Suicide 🕱,		nspectian Undet	, Inquermined m	, ,		nd in my	opinior
TY Decretion of the critical directions of refained the critical directions of the critical directions		ACTUAL SIGNATURE	Bel	Elen	R	6	21		EF MEDICAL EXAMI] 2	2b. DATE	SIGNED		
EPU ssai fune oy t iner		EXAMINER'S NAME (Type)	BELL	EN I	P. 1	PER	BA	m.D.	PUTY MEDICAL EXAM	1	Ity) J	41	20	,146	28
TO D nece the 5 m TO FL	23a.	BURIAL, CREMA REMOVAL (Spec	TION, 23t	1-23-6	8	23c. NAME OF		Y OR CREMATORY		d. LOCATION Gai the	,		(Caunty)	,	ate)
VR A15ME (5)	24.	FUNERAL DIRECT	OR Erne	^		ADDR	ESS	sburg. M	2Sa. REC'D BY R	EGISTRAR	2Sb. REG	ISTRAR'S	SIGNATUR	3E	الا



7 1	2-8	em 10a, 10b 111m 397 MARYLAND STATE DEPARTMENT OF HEALTH 8-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		01156 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	91154
HEALTH DEPT.		CEASED NAME First Middle Lost 20. DATE KNOWN North Month OF ESTI-	
NO 00 0		CECIL HARRIS GIBSON DEATH MATED X	26 1968 M
delay and 3	3. SEX	Jost birthdov) MONTHS DAYS HOURS MIN WASAL DOWN	Yeor 1968 7 42 M
2, 2 P. O.		IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1968 7 AM
ZE E	countr	VIRGINIA USA WIDOWED DIVORCED MONTGOMER	✓ Md
death.	10. CI1	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 1	12b. KIND OF BUSINESS OR
. 3 = =		AKOMA PARK WASH. SAN & HOSPITAL DRIVING INSTRUCTOR	Easy Method (
		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY C. GEORGES HATTSVILLE YES NO 4310 44111	A
haurs Item 1 Office I and 2	14. FA	THER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
24 haurs in Item 1 r's Office ss land 2			LUBANK
		VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within pencil Examine File pag		YES WWII 227-22-9936 WIFE DEAN SAME	APPROXIMATE INTERVAL
be executed "pending" in nief Medical Es ansit permit. Fi event within		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Acute Coronary Insufficiency	BETWEEN ONSET AND DEATH
e executi pending" of Medica isit permi		1 2 9 IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF	
be e period		Conditions, if ony, which gove rise to immediate couse (o), (b) Coronary Artery Heart Disease	
shauld be e ne ward "per ia the Chief i burial-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she whe was to the		lost. (c)	
certificate shauld y, writing the ward farwarded ta the Cl used as a burial-tr smaval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
certif , writi arwar used maval	ATION	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certific ficate, writin be farwardd dbe used as or remaval,	CERTIFICATION	WAS PERFORMED?	YES NO
		21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Itel	m 18.)
INER: T e certific should b files. 3 shauld natian, or	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE AT WORK AT WORK AT WORK	
(ecul reg far)		22a. I certify that I toak charge of the remains described above, held an Autapsy Inspection Inquiry	and in my opinion
Sica Se ey ctar. ned ECTC		death resulted from: Natural causes Accident, Suicide, Homicide, Undetermined manner [
please e director retained DIRECT or to bu		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATES	ICNED
UTY, neral be be pri		SIGNATURE M.D. RESIDENT MEDICAL EXAMINED	1918
TO DEPUTY MEDICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health priar ta burial, crem		EXAMINER'S NAME (Type) BELDEN K. SEAP, M. D. DDRESS (green from the property)	1 1001100
10 10 He	230.	PEMOVAI (Specify)	(County) (Stote)
A.	24 [REMOVAL (Specify) Surgal 1/29/68 George Washington Cem. Huattsville P. EUNERACOURTSOR 250. REC'D BY REGISTRAR 250. REGISTRAR 250. REGISTRAR'S S	G. Maryla
VR A15ME (5)	1 (Then carries C. Glen Carter	
10M REV. 1/68	Nas	rner E. Pumphrey Inc. 8434 Ga. Ave. S.S. Md DATEJAN 30 1968 Julies	0 0

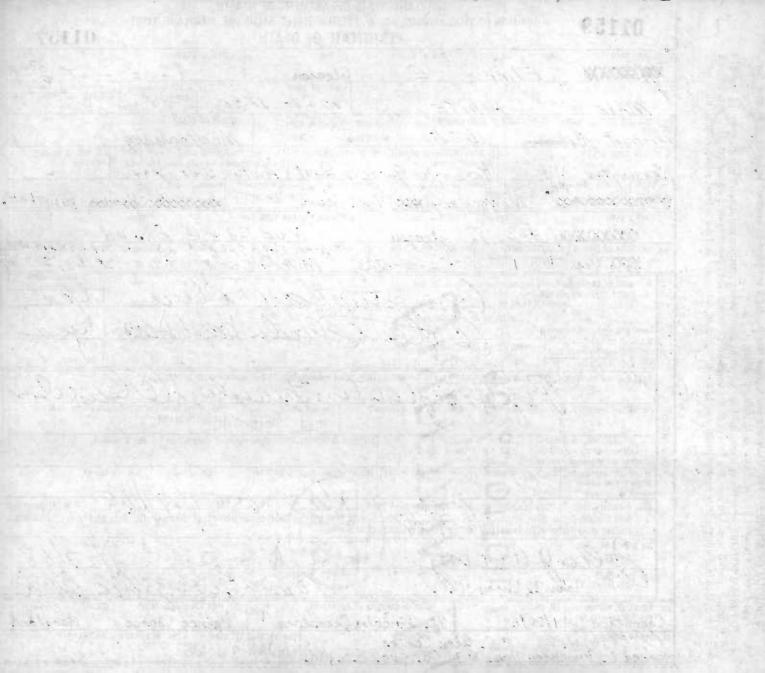
01154 SI BEND X MARKE INDED M S IS SER IN 1 AJU AngasiV and the second second second Towns of the second of the sec The state of the s A Course of the April (1984) JOHN STONE STAND STAND CARROLL CARLES CONTRACTOR OF THE CONTRACTOR OF T

	MARYLAND STATE DEPARTMENT OF HEALTH	
	01157 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4 0 0
FOR STATE		155
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month Doy Y (Type or Print)	eor 2b. HOUR
is of ge to is	acception of the state of the s	196 50
A 3 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Months DAYS HOURS MIN DAY	2d. HOUR
y delay is and 3 to PM3. Page prince at or	mate 10/1/2 3/18/31 /6 yrs.	68 5
4 2 3	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
2 5 0	Country) No. Car. U.J. H WIDOWED DIVORCED MONTES	1 M
Staff	10. CITY OR TOWN OF SEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KINDS	BUSINESS OR
ofter death. 8. Give Pages along with for with the State leath.	Betho 3 da give street oddress) Tu beer have during most of working the even if retired.) INDUSTRY	
after 8. Give alang alang with the seath.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN J.3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	. /
s afte 18. Gi 18. Gi 2 with death.	odmission state 1/2 12th. COUNTY of asker Both of YES NO 18507 - Trosew	bad
hours after death. Item 18. Give Pages 1, Office along with form 1 and 2 with the State Pages	14. FATHER'S NAME First Middle / Kast IS. MOTHER'S MANDEN NAME First Middle	Lost
	Talok tibbox (1) Ture Marshall	
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ADMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT father ADDRESS	
/it	(Yes, no, or unknown) (Tyes give war or dates of service) 239-76-9659 Ralph E. Gibson Same as Item	L3.
d w in p Ex	APPR	OXIMATE INTERVAL N ONSET AND DEATH
be executed "pending" in nief Medical E nnsit permit. F event within		~/11/7 .
Med Med	9229 DUE TO, OR AS A CONSEQUENCE OF	
be e inperior	(Conditions, if ony, which gove) a caccidental when playing with gun.	
auld the character of t	rise to immediate couse (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be one ward "pe on the Chief burial-transit I in any ever	lost.	
This certificate shauld icate, writing the ward be farwarded to the Cl be used as a burial-tr or remaval, and in any	(c) [PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ficat ing ded ded as c	9197	
certifi writh arwar used mava	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. A	UTOPSY?
is certific te, writin farwards ie used as remaval,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AI YE 21c. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	S NO DE
This icate, be fa be fa d be u	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	
INER: The certific should be files.	PRIMARY MOR CONTRIBUTING HOUR AM. CAUSE OF DEATH PRIMARY MOR CONTRIBUTING HOUR AM. 4:40 P.M. Jan 9 1968 Playing will gum accurdantly went off [21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street) 21f. LOCATION Street or R.F.D. No. (ity or Jown) County	
EXAMINER: ute the cert age 4 shauld your files. Page 3 shauld, crematian, I, crematian,		Stote
	factory office building etc)	omery No
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(IVI)	01100		CERTIFICATE OF DEATH		01156		
this certificate has been signed by the attending physicion ond completely filled in by the funeral etached for use os the buriol-transit permit. Then please remove carbon papers. Pages Land Dept. of Heolth prior to burial, cremation, or removal, and in any event, within 72 hours after death	17	irst Middle Ora Ann	lost GILLESPIE	January Month 24 Day	2b. Hour 1968ear 9:26:		
hours after death	3. SEX Female	4. RACE Caucasian	s. DATE OF BIRTH March 5, 187	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN		
7	7a. BIRTHPLACE (State or foreign country) West Virgini	7b. CITIZEN OF WHAT COUNTRY? ia United States	8. MARRIED NEVER MARRIED NUONCED DIVORCED	9. COUNTY OF DEATH Montgomery	M		
	10. (ITY OR TOWN OF DEATH Bethesda	give West address)Hosp	ital, Bethesda duri Mc	JAL OCCUPATION (Kind of work done not set working life, even if retired.)	12b, KIND OF BUSINESS OR INDUSTRY		
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2	14. FATHER'S NAME First James	Middle Lost VARNE	1S. MOTHER'S MAIDEN NAME	First Middle Connett	Last		
,	160. WAS DECEASED EVER IN U.S. Yes, no, equinknown) (11 yes s	ARMED FORCES? 16b. SOCIAL SECURITY 233-36-97		210 Portland S GE Washington, D.			
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^	21a. ACCIDENT WAS UNDER	DEATH HOUR A.M. Month Doy Year		er nature of injury in Part 1 or Port 2, (Item 18.)		
	While Not while of work	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.			IF UNDER 1 YEAR IF UNDER 24 HPS. AND THE STATE OF BUSINESS OR INDUSTRY 12b. KIND OF BUSINESS OR INDUSTRY 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIFYING 12c. S.E. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH NSIDERED IN CERTIF		
8	22a. I certify that (I) saw the decease causes stated ab	(this haspital) attended they deceased alive on ave, (1) (we) (did) (did nat) view the	ed from $\frac{\text{JAN }24}{\text{JOS}}$, 19_9 $\frac{\text{JOS}}{\text{OO}}$, and that in (my) (aur) approximately after death.	_68 , ta <u>JAN_24</u> , 19_ pinian death occurred an the da	68 , that (I) (we) la te and haur and fram th		
De illed with the	22b. SIGNATURE	Sammy	DEGREE ATTENDING PHYS.	MED CTACC }			
	NAME (Type) Char	rles S. Crummy, M. D	. Naval Ho	spital, Bethesda,	Md.		
	BEDAN AV (Edecity)	THE THEOLOGY THE THE	CEMETERY OR CREMATORY ingham Memorial Pl IINGTQN, D.C. 250. REC'D	01101 10000119 11	Middle Lost mett tlames St. S.E. ton, D.C. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ART 1(o) VERE FINDINGS CONSIDERED IN CERTIFYING ATH? art 1 or Port 2, Item 18.) Art 22c. DATE SIGNED 26 Jan. 1968 thesda, Md. Tor Town) (County) (State) ston, West Virginia Sb. REGISTRAR'S SIGNATURE		
(4) FO	BARLOW FUNER	AL HOME , CHARLESTON	DATE J		soles Judge		

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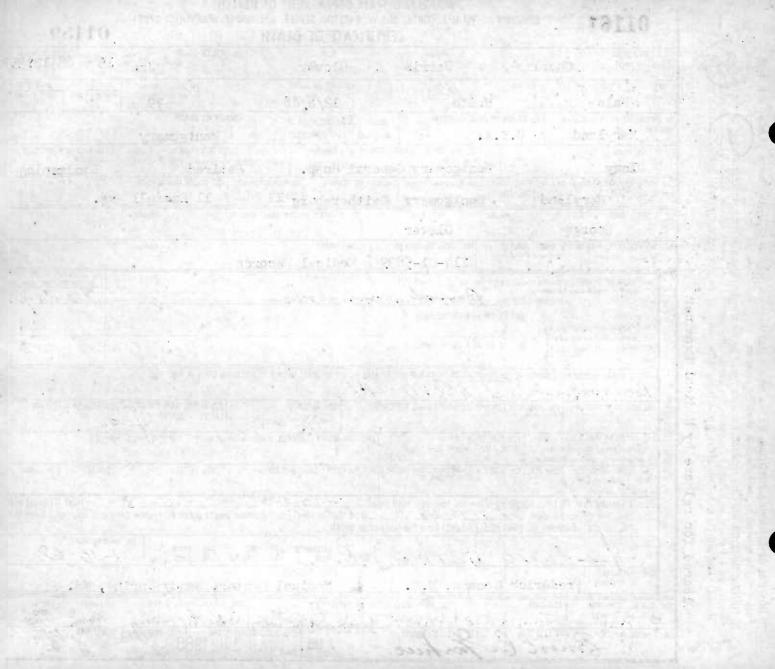


Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01158 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Silver in by The Pages d LENGTH OF STAY IN 1h TOWN (C) autside carpotate limits c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawn) burial, cremotion, or removal, ond in ony event, within 72 hours d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE papers. ON A FARM? completely filled YES NO NO lease remove corbon NAME OF Middle 4. DATE Last Day Year DECEASED OF 19 (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthday) Manths Haurs WIDOWED DIVORCED ond 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** attending physician permit. Then please TOUSEWITE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Goldberg INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Silver SpR (Yes, no, ar unknawn) (If yes give war ar dates af service NO INTERVAL BETWEEN signed by the c burial-tronsit p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospital or ottending physician. DUE TO Canditians, if any, which gave (b) rise to immediate cause (a). DUE TO stating the underlying cause **IO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While Hour a.m. While 19 at wark at work 21. I certify that (1) (this haspital) attended the deceased fram and that death accurred at SOP M, fram causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 6620 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) OUNGSTOWN 24. FUNERAL DIRECTOR TREM VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01161 01159 CERTIFICATE OF DEATH First Middle Lost 2a. DATE OF DEATH DECEASED-NAME Month Jarpay 15 Yeor 68 24 hours after death (Type ar print) Charles Harris Glover 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR | IF UNDER 24 HRS. 3. SEX 6. AGE (In years last birthday) 12/4/88 Male White 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Maryland U.S.A. WIDOWED | DIVORCED | Montgomery 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Montgomery General Hosp. during mast of working life, even if retired.) INDUSTRY ond completely f T N Olney Landsaping 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before buriol, cremotion, or removal, and in ony event, 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery Gaithersburges XX NO Maryland 11 Russell Ave. 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First **First** Middle Middle Last George Glover 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) 214-01-5839 Medical Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH buriol-tronsit permit. IMMEDIATE CAUSE (a) Examiner DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Medical PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO 🗍 ph 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. release 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 1-13-6819, to 1-15-689 __, that (I) (we) last director, page 3 should should be filed with the for causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING STAFF eared DIRECTOR L PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Frederick Moomau, M.D. Medical Center, Sandy Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Caunty) (State) 23a. BURIAL, CREMATION, SEMOVAL (Specify) 24 FUNERAL DIRECTOR 30M REV. 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01161 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR (Type or print) Bessie Month Amory Goldsborough January 3. SEX 6. AGE (In years burial, cremation, or removol, and in any event, within 72 haurs after 4. RACE S. DATE OF BIRTH IF UNDER I YEAR IE UNDER 24 HRS last birthday) DAYS HOURS Temale Cauca November 2 SIDE à 9. COUNTY OF DEATH 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED saltimore. WIDOWED ~ DIVORCED [poper Montgomery Md. 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street oddress) during most of working life, even if retired.) UNDUSTRY. remove carbon completely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Jakoma 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b COUNTY MONTGOMERY YES 🐷 NO T 8614 Garland Avenue Park 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle puo Rebecca Cook physicion o ames. HMOZU 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Garland A Yes, no. or unknown) (If yes give war or dales of service) 577-01-9363A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) neum on 12 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) Heart Fallera burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse dio-Vercules PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been be detached for use os the Stote Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The low 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County City or Town While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram 1217 __1962, and that in (my) (our) apinian death occurred an the date and have and fram the saw the deceased alive an____ Poge 4 moy be retoined director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DAJE SIGNED MED. DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) Lincoln Cemetery Prince George 2So. REC'D BY REGISTRAR VR A15 (4) DATE JAN 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01164 01162 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type ar print) 3. SEX 4. RACE 6. AGE (In years IF ONDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH last birthday) MONTHS I DAYS HOURS 5-19-9 YRS papers. Pag hin 72 haurs and campletely filled in by 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY'S 8. MARRIED NEVER MARRIED 7g. BIRTHPLACE country) WIDOWED [DIVORCED [burial, crematian, or removal, and in any event, within 72 IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) INDUSTRY give street address) carbon HOUSEWIFE 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13g USUAL RESIDENCE (Where deceased lived, if institution: Residence before GENERY BRENTWOO remove 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lucretia HEN BIANKENSHIP physician 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknawn) APPROXIMATE INTERVAL attending permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave signed by the burial-transit p rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detoched far use as the te Dept. af Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? CAUSES OF DEATH? 27-6 YES -NO 🗀 TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. Manth Day OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) P.M. director, page 3 shauld be detocher ashauld be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State City or Town While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 9-10-6, 1967, to 1962, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an causes stated above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S SPRING , DANISH NAME (Type) 1106 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Caunty) (State) 23a. BURIAL, CREMATION. REMOVAL (Specify) 0 Colmar Manor Lincoln Fort 2Sa REC'D BY REGISTRAR lley's nca 1968 30M REV. 1/68

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	e e e e	(Type or print) Mary	Ann	Groft	January 22	1968 6:10 PM
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fundal director, page 3 should be detached for use os the burial-transit permit. Then please remove corbon pagers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	can	^{ntry)} Pennsylvania		WIDOWED DIVORCED	Montgomerv	Md.
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	ndir nit.	Н	PART I. DEATH WAS CAUSED E	Bronchopne	eumonia		12 days
	offermerm		2040				
	the the cotic	Н	Conditions, if any, which gave	(b) Senticemia.	probable gram ne	pative	12 days
	thot in. by 1 ans		rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	lymph node	s, kidneys, liver	
	sicio ed l al-tr		last. 2043	(c) Acute Lympho	cytic Leukemia wi	th involvement of	
	phy phy sign buri	ш	PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	ing ing he ta	Z	Leukemic	meningitis			
	lay end s be s be rior	CATIC	190. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PERI		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
	The att has see of the	CERTIFICATION			YES 🔀 NO		
	N.: Or cote		21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Port 2, It	tem 1B.)
	of the factor	MEDICAL	(If either, notify medical examiner	r) P.M. 19			North Control of the
	OR ATTENDING PHYSICIAN: The law requires the retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by ge 3 should be detached for use as the burial-trailed with the State Dept. of Health prior ta burial, cre	¥	21d. INJURY OCCURRED 21e. Pl While Nat while	ACE OF INJURY (AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION Street or R.F.D. No.	city ar Tawn	County Stote
	the the det					7.5.	
	be Stor	Н	22a. I certify that (4) (this	haspital) attended the deceased	d from 1/ duly , 19	67, to 22 Jan., 196	that (xt) (we) last
	R: A		causes stated above.	naspital) attended the deceased ye an <u>22 Jan</u> 19 (M) (we) (did) <u>Xd(dyno)</u> M view the b	adv after death.	migh death accurred an the agi	e and haur and fram the
	T Start		22b. SIGNATURE	TO (IND) (DID) ASIA TATE IN THE DE		22c. D	PATE SIGNED
	OR BE re re d w		Roma	1 Clanen	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 23	January 1968
	AL D D D D D D D D D D D D D D D D D D D	10	22d. PHYSICIAN'S	1	22e. ADDRESS The	Clinical Center.	National
	ERA ERA ERA ERA ERA ERA		NAME (Type) Thoma:	s P. Clancy, M.Q.	Institute	s of Health, Bethe	esda, Maryland
	TO HOSPITAL Page 4 may be to Finestor, page should be file	230	. BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	5 5 5 K		REMOVAL (Specify) Burial Jan	26, 1968 St. Mar	ry's Cemetery	New Oxford, Ad	ams Co. Pa.
		24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'D I	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	VR A15 (4) 30M REV. 1/68		Fred F. Feiser	New Oxford	d. Penna. DATE JA	IN 26 1968 gole	erles Judge

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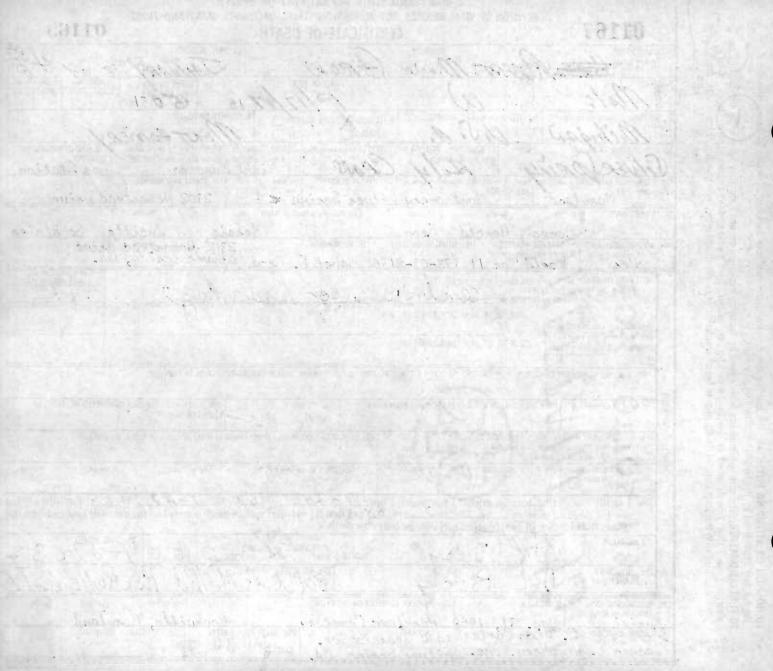
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01165 CERTIFICATE OF DEATH Middle . DECEASED-NAME Last 2a. DATE OF DEATH death. (Type or print) 3. SEX 4 RACE S. DATE OF BIRTH IF UNGER 1 YEAR IF UNDER DAYS HOURS 72 hours aft 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED" DIVORCED within 24 completely filled event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY remave carban yan S 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY requires that the death certificate be executed YES . NO 2302 Homestead ontagmenu and in any 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First and chalmier Grow Harold physician (anes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 3392 Homestwad Silver Spring. Yes, na_or unknown) burial, crematian, ar remaval, Mabe 578-03-8156 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if ony, which gave) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO Z TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Dov Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f.: LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram 1 - 24 _19_6 and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an_ be retained causes stated abave, (1) (we) (did), (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL CREMATION. REMOVAL (Specify) Rockville Marulano MARAGE 25b. REGISTRAR'S SIGNATURE 24 FLINERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) Inc. 30M REV. 1/68 Purphrey. Warner (.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01166 Item#15 Film#G397 2/16/68 ph CERTIFICATE OF DEATH Middle 20. DATE OF DEATH . DECEASED-NAME First Last requires that the death certificate be executed within 24 hours after death. (Type or print) Month NMN Maurice Trunberg anuary 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX 6. AGE (In years last birthday) DAYS MONTHS I HOURS Male 2 1908 August 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Cermany Montgomery WIDOWED [DIVORCED [completely filled in ove corbon paper you event, within 72 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done) 12b. KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) Takoma Washina Research signed by the attending physician and complete burial-tronsit permit. Then pleose remove coch burial, cremation, or removal, ond in ony event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Detense Montgomen admission) STATE YES 🔀 NO Takoma Maryland 14 FATHER'S NAME MOTHER'S MAIDEN NAME First 2/K/2 First Middle runberg 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) WWIL APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditions, if ony, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use os the k hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The NO T YES [this certificate 210. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Yeor director, page 3 should be detoched f should be filed with the State Dept. of P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Tawn County While Not while at wark O FUNERAL DIRECTOR: After 1968 , that (1) (we) last 22a. I certify that (1) (this hospital) attended the deceased fram _______ 1968 ta 1-26 saw the deceased alive an. _1963, and that in (my) (aur) apinian death accurred an the date and haur and from the be retoined causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL CREMATION REMOVAL (Specify) Mr. Lebanon HYATTSVI 10. Cemeter 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VR AT5 (4) Somo 1968 30M REV. 1/68 DALLAN C. 200

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01168 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b. HOUR (Type or print) Month 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS 6 burial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 haurs af YRS. haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? country) WIDOWED DIVORCED Md. 24 filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION Kind of work dene 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) Suburban Hosp during most of working life, even if retired.) INCUSTRY GOV. Bethesda 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES 🗸 NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no_orunknown) (If yes give wor or dates of service) 220-44-5428 Lillian C Haas 5510 Cedar Pkw APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s se as the t th prior tab CERTIFICATION far use as t Health prior 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO | 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor State Dept. af (If either, notify medical examiner) P.M. O FUNERAL DIRECTOR: After this certi director, page 3 shauld be detached should be filed with the State Dept. af (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from Jan. 22, 1968, to Jan. 27, 1968, that (I) (we) lost sow the deceased olive on Jan. 26 1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 8218 Wisconsin Ave., Bethesda Md MarviN Wadler NAME (Type) 23d. LOCATION (City or Town) (County)
Silver Spring Mont 23c. NAME OF CEMETERY OR CREMATORY
Gate of Heaven 23a. BURIAL, CREMATION, REPOYAL (Specify) 23b. DATE 1-31-68 (State) 24. FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Robert A Pumphrey 7557 Wisconsin AVe DATEFEB 30M REV. 1/68 Betheda, Md

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01171 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 7 requires that the death certificate be executed within 24 hours ofter death Be and (Type or print) Month **DEUNERAL DIRECTOR**: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use os the buriol-transit permit. Then please remove carbon popers. Pages Mandald be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 hours ofter deep RA RRY S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE 6. AGE (In years completely filled in by the last birthday) MONTHS DAYS HOURS EC. 10, 1883 8# FEMALE WHITE YRS. 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country)_ WIDOWED N DIVORCED ONTGOMER INDIANA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) JAKOMA PARK OAKHAVEN CONVALESCENT HOME 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) CSTATE 3701 Conn. Ave. N.W. 13b. COUNTY YES 🔀 NO shi neton 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last FRANCIS ERRY 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Dhone: 244 Yes, no, or unknown) '(If yes give war or dates of service) 579-60-7960 MISS MARY HANNA CONN. AVE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OEAT PART I. DEATH WAS CAUSED BY: -5 du atreamme IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO K YES 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TO HOSPITAL OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above, (1) (well did (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. 22e. ADDRESS... 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) Suitjand, Md. 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (State) BURIAL, CREMATION, 23a. REMOVAL (Specify) Cedar Hill Cemetery, 1-16-1968 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Ave. Joseph Gawler's Sons, Inc. VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 01175 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01173 DECEASED-NAME First Middle Last funeral 1 and 2. ar death. 2a. DATE OF DEATH 2b. HOUR (Type or print) 27 1968 Doy SALLIE 905 M HELBERT Jan. Μ. 6. AGE (In years last birthday) ouriai-iransir permit. Then please remave carbay papers. Pages 1 burial, crematian, ar removal, and in any event, within 72 haurs after 3. SEX 4 RACE IF UNDER 2 HRS. S. DATE OF BIRTH IF UNOER 1 YEAR HOURS Oct.27,1877 White YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (country) Virginia USA WIDOWED 3 DIVORCED Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Rockville Home 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmission) STATE Maryland Montgomery 908 Lewis Avenue YES NO Rockville 14. FATHER'S NAME ond (First Middle lost IS. MOTHER'S MAIDEN NAME First Middle Lost Lemuel Stern Rebecca Brock requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1002 Laddes Ave. Yes, na, ar unknawn) (If yes give war or dates of service) 577-42-2156 Ernest F. Helbert Rockville Md. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta b **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta l 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO N YES 🗌 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enfer nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark couses stated above ((1)-(we) (did) (did not) view the body after death. 22b. SIGNATURE DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial George Washington rince George Co 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home-1331 Rockville Ocharles 30M REV. 1/68

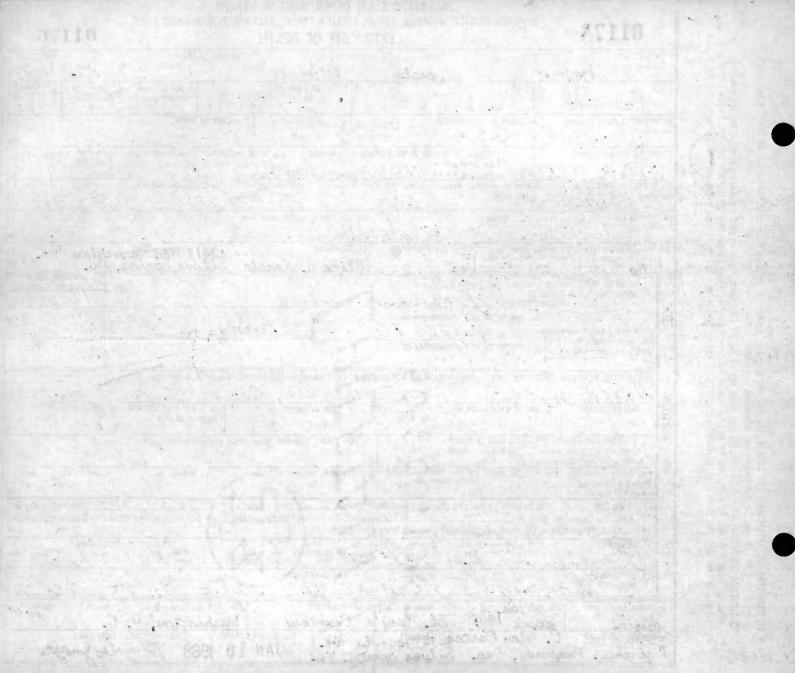
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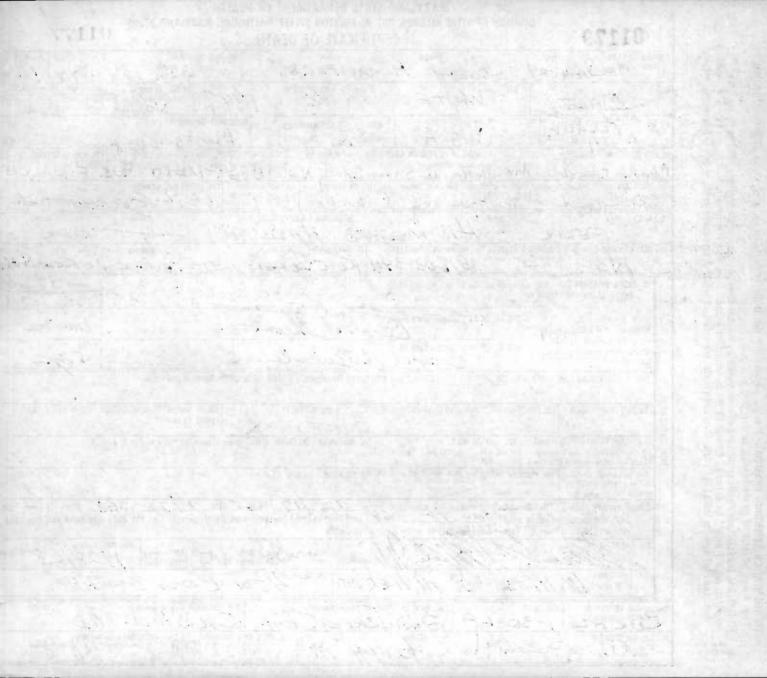
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR death the funeral (Type or print) Month Yeor Donald Lee Hetherton January IF LINDER I YEAR burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years requires that the death certificate be executed within 24 hours after, last birthday) OAYS HOURS Male White 22 September 1933 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED and campletely filled in remave carban papers. WIDOWED | DIVORCED Pennsylvania Montgomery 120. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Landscaping give street oddress) INDUSTRY Bethesda The Clinical Center, NIH 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 1/3c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE New York 13b. COUNTY YES ND 1127 Pennsylvania Elmira 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle and Ogden Hetherton Gladys Russell signed by the attending physician burial-transit permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANTThe Medical Record Yes, no, or unknown) The Clinical Center, Bethesda, Maryland 124-26-9756 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Aspiration pneumonia 3 hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Peritonitis 25 days rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (Sarcoidosis years PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? YES X NO 🗌 O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased fram 21 Nov., 1967, to 13 Jan., 1968, that (1) (we) lost sow the deceased alive on 13 January 1968, and that in (164) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. 13 January 1968 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland Ira D. Mickenberg, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) Woodlawn Cometary Finite 258. REGISTRAR'S SIGNATURE New York 1-15-68 24. FUNERAL DIRECTOR VR A15 (4) Robert A. Pumphrey, Bethesda, Maryland Minutes Just 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01176 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR and 2 death. (Type ar print) Month the funeral enala 4. RACE ours ofter 3. SEX S. DATE OF BIRTH 6. AGE (In years **IF UNDER 1 YEAR** IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours after lost birthday) HOURS YRS 7a. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) U.S. A WIDOWED [DIVORCED [pape 7 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY during mast af working life, even if retired.) campletely 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER burial, crematian, or remaval, and in any event, admission) STATE 13b. COUNTY YES 🗀 NOF remave 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle and 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Yes, na, or unknown) (If yes give war or dates of service) Alice 18. CAUSE OF DEATH (Enter only one cause per ling to) (a), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ease has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 0110 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗌 TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 12/1 saw the deceased alive an___ 1968, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DAFE SIGNED ATTENDING PHYS. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE Lan-23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Washington. emeteru 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) Milarian 30M REV. 1/68 Pumphrey.



		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	(\ T T 104) 04
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de de de	(Type or print) Samuel JOSEPH HIMMELFARB JAN 28	1968 / P. M
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4 hours		BIRTHPLACE Both or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED NOT 90 in ery.	Mc
within 24 h	10	ity or town of Death 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if redired) hery Chase, Ma. Bethesda-Silver Spring N.H NUEST MENT	12b. KIND OF BUSINESS OR INDUSTRY
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ertificate b physicion en pleose ovol, ond i	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, na, ar unknown) (If yes give war or dates of service) 578-03-3911 ROSE COHED 11513 PATAPSO	De Rochallet
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equires that the physician. signed by the o buriol-transit p buriol, crematio		stating the underlying couse lost. (c) Cerebrel Otterioreless.	5 yrs.
v required physical p	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART $I(a)$ 3 3 A X	
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3 PHYSICIAI the hospitol this certifica detached for	WE	21d. INJURY OCCURRED While Nat while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City or Town	County State
Page 4 moy be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely fitted in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then pleose remove carbon pages? Pages/1 and should be filed with the State Dept. of Health priar to buriol, cremation, or removal, and in any event, within 72 hours after death		22a. I certify that (I) (this hospital) attended the deceased from 2 17, 1965, ta 125, 1965 saw the deceased alive an 1965, and that in (my) (our) apinian death accurred on the date causes stated abave, (I) (we) (did) (did not view the body after death.	that (I) (we) lase and haur and fram the
D HOSPITAL OR ATTENE Page 4 moy be retoined D FUNERAL DIRECTOR: A director, page 3 should should be filed with the			ATE SIGNED /68
O HOSPITAL OF Page 4 moy be O FUNERAL DIF director, page should be filed		22d. PHYSICIAN'S NAME (Type) William S. MillERMP 22e. ADDRESS / 201-Com one	niw.
TO HOS Page (1	BURIAL, CREMATION, 23b. DATE 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) TRANSVAL (Specify) / -30-68 DUALL BRABLES CEM- OXOR HILL, 1	(Caunty) (State)
VR A15 [4] 30M REV. 1/68	24.	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS DATE AN 3 1 1968 PEGISTRAR'S SI DATE AN 3 1 1968	CONSTURED JUNGER



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01180 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR death. January Month 17 Day end (Type or print) M. HINSON 1968 1015A Donna 4 RACE IF LINDER 24 HRS burial-transit permit. Then please remave carban papers. Pages 1 burial, crematian, ar remaval, and in any event, within 72 hours after 3. SEX S. DATE OF BIRTH 6. AGE (In years lost birthdoy) HOURS Jan. 11, 1968 Caucasian Female 7a. 81RTHPLACE (State or fareign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 29 country) USA DIVORCED [Montgomery WIDOWED | and campletely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address)
Naval Hospital Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES NO 219 Edison Drive Albany 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Middle Lost Middle Kathy DAVISON James Edwin Hinson Ann 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) (If yes give war or dates of service) n/a Navy Records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave a rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO 🗍 YES & O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING

21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 226. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. Jan. 18. 1968 DEGREE PHYS

22e. ADDRESS

Naval Hospital, Bethesda, Md

23d. LOCATION (City or Town)

Mogny.

23a. BURIAL, CREMATION, REMOVAL (Specify) 1-20-68

NAME (Type) F. X. LOEB, M.D.

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requires that the death certificate be executed within 24 haurs

Page 4 may be retained by the haspital or attending

VR A15 (4)

30M REV. 1/68

25a. RECZO BY REGISTRAR 24. FUNERAL DIRECTOR Falls Church Funeral AD Home

1102 West Broad St., Falls Church, VirginiaDATE JAN 24

23c. NAME OF CEMETERY OR CREMATORY

Riverside Cemetery

25b REGISTRAR'S SIGNATURE

(County)

(State)

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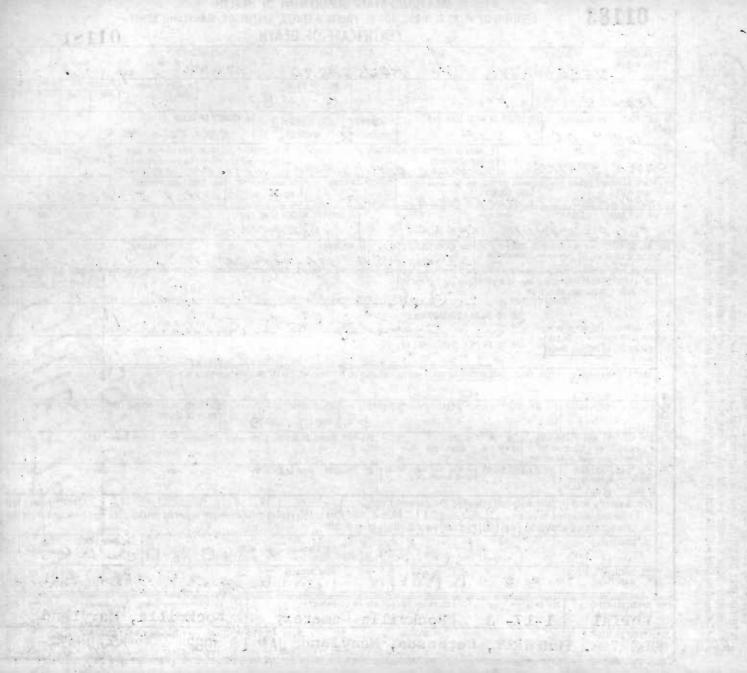
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR deoth. Month Jan. (Type or print) Do30.1968 10: PM William Thomas Hobbs tronsit permit. Their please remove corbon popers. Pages \ cremotion, or removol, and in any event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH requires that the death certificate be executed within 24 hours after 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. in by the Poges last birthday) HOLIBS Male White Sept. 23, 1885 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or fareign 9. COUNTY OF CEATH 8. MARRIED T NEVER MARRIED country) Maryland U.S.A. WIDOWED [DIVORCED [Montgomery filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) **INDUSTRY** completely Olney Montgomery General farm 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY MontgomerySilver Spring YES NO T 601 Eldrid Drive 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Franklin Marion Hobbs Martha lizabeth Johnson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor or dates of service) Yes, na. ar unknawn) 218-30-7983 Records, Montgomery General Hospital APPROXIMATE INTERVAL TWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Men. IMMEDIATE CAUSE (a) DUE TO, OR AS & CONSEQUENCE OF Conditions, if ony, which gove) signed by the buriol-tronsit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the Stote Dept. of Heolth prior to 19a, OATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fromsaw the deceased alive an____ 1965 _, and that in (my) (our) opinian death occurred on the date and have and fram the be retained couses stoted obove, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MA DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Sandy Spring, Md. Charles W. Ligon 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. (County) (State) REMOVAL (Specify) Colesville Maryland 34 ADDRESS rgia Ave. 256. REC'O BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 PUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 DATE Silver Spring Pumphrey

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22a. I certify that (I) (this haspital) attended the deceased fram 1967, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) 22d. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23d. LOCATION (City or Town) (County) (Stote) 24. FUNERAL DIRECTOR 25d. REGISTRAR'S SIGNATURE	1	n a Se r	/				ainable	
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24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		this the De		at wark at wark		-10		
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		ING by t ter ter	-07	22a. I certify that (1) (thi	s haspital) attended the decea	sed fram Hee	_, 196/, ta //YE)	19, that (I) (we) last
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24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE		NE A	-					
24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE		Short Short	1	REMOVAL (Specify)		CEMETER OR CREMATOR)	St. Paul.	Minnesota
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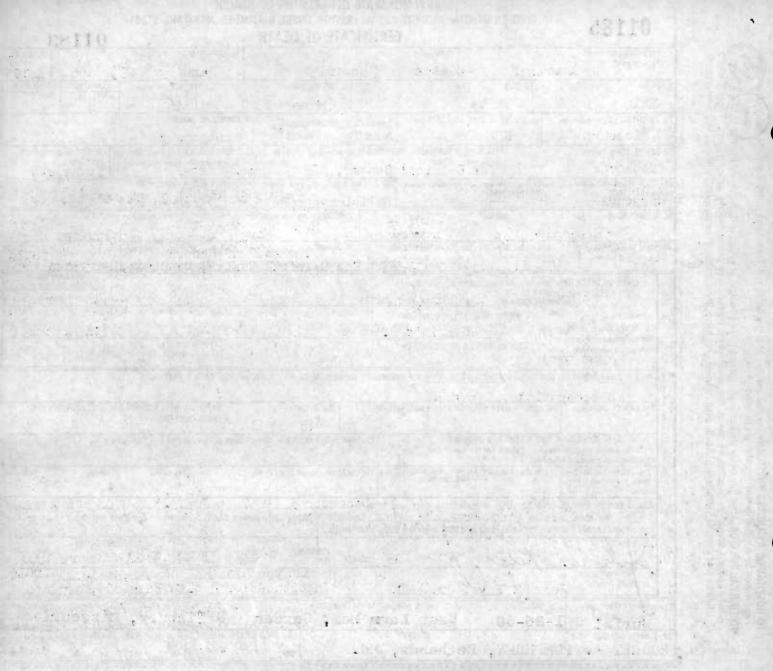
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	MARYLAND STATE DEPARTMENT OF HEALTH	
	01183 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH 0118	
1.	FCEASED-NAME First Middle Lost 2a. DATE OF DEATH Type or print) MARCHERITE HAR FEBRUARY AND YEAR OF DEATH AND YEAR OF DEATH TO A PROPERTY OF THE PROPERTY O	2b. HOUR
L	THE GUERTIE PI TOUS GHARD	08 5 P
3.		EAR IF UNDER 24 HRS. DAYS HOURS MIN.
L	FEMALE EAUC. 3-11-88 79" YRS.	
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
L	WASH D.C. USH WIDOWED DIVORCED MONTGOMERY	M
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of working life, even if retired.) TLUER SPRING 12. USUAL OCCUPATION (Kind af wark dane during most of working life, even if retired.) INDUSTR THIRLAND NURSING HOME WESTERN UNION	ID OF BUSINESS OR RY
	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
	MONTGOMERY BETHESDA YES NO 7809 TILBUR	24 ST.
_	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
	JUSEPH PHILIP SAGRARIO JOSEPHINE	?
16	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT . Address	
L	Yes, na, or unknown) (If yes give war ar dates of service) 578-6351-58 A INFORMATION TAKEN FROM	CHART
F		PROXIMATE INTERVAL WEEN ONSET AND DEATH
Т	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cachoo and a cachey	
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gave) (b) Severalised orlenges clerosis	
	rise to immediate couse (o), (stating the underlying cause (DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CEDITICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED	IN CERTIFYING
LIELO	YES NO CAUSES OF DEATH?	
	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 19	
ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County	State
ı	of work at work	
	22a. I certify that (I) (this haspital) attended the deceased from June 1, 19 61, ta 10 17, 1968,	that (I) (we) la
г	saw the deceased alive an	aur and from fi
L	22c_DATE SIGNATURE	D
ņ	Brown Robley DEGREE PHYS. MED. STAFF DIRECTOR DI	,1968
	22d. PHYSICIAN'S 1 22e. ADDRESS 1 22e. ADDRESS 1	A-0 ()
	NAME (Type) 13 0 RCS 12 FTBRIN 1019 University Red Cont &	They have
23	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	
L	Burial 1-17-68 Rockville Cemetery Rockville, Mary	
	FUNERAL DIRECTOR OBERT A. PUMPHREY, Bethesda, Maryland DAN 18 1968	·
	DESTITUTE AND TOTAL OF THE PARTY OF THE PART	

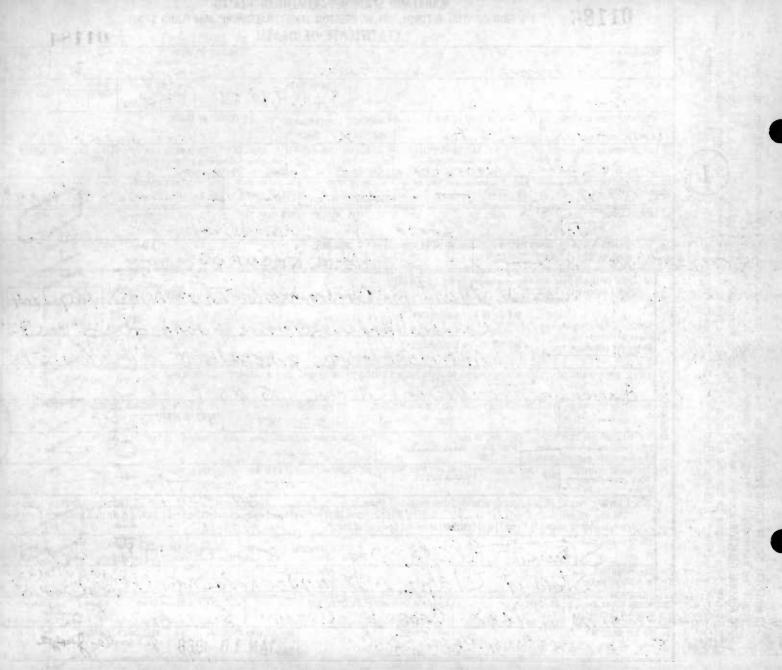


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01182 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT I. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month (Type or Print) ESTI-RAL Page HOR TON DEATH MATED AGE (In years IF UNDER 24 HRS. 3. SEX 4 RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Doy Yeor the State Depar 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.S.A WIDOWED [DIVORCED [NONTGOMERY pencil in Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Ru ASS CHIELCLEK-Com Conn INDUSTRY Chief Medical Examiner's Office alang death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY MONT gomery BETHESNA GLENWOOD Rd. pages land 2 after 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First HARRIE T WEASTER 160. WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) 001-05-5502 CHARLONE SAME ES Eie APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Myocardial Interction. Acute udde12. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Coronary Insufficency 10013 rise to immediate couse (a), shauld writing the ward stating the underlying couse UARTS 2 shauld be farwarded ta pup OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 SD removal, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO [YES X pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 3 should 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection 🗷 Inquiry and in my opinian Natural couses death resulted fram: Suicide Accident Hamicide Undetermined manner CHIEF MEDICAL FXAMINER ACTUAL 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FO FUNE Health G. BALL NAME (Type) ADDRESS(Street, city, lown, or county) Bethesda. Md. 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Culpepper Natl Cem. Culpepper. Virginia 1-3-68 Burial FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland 2So. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68

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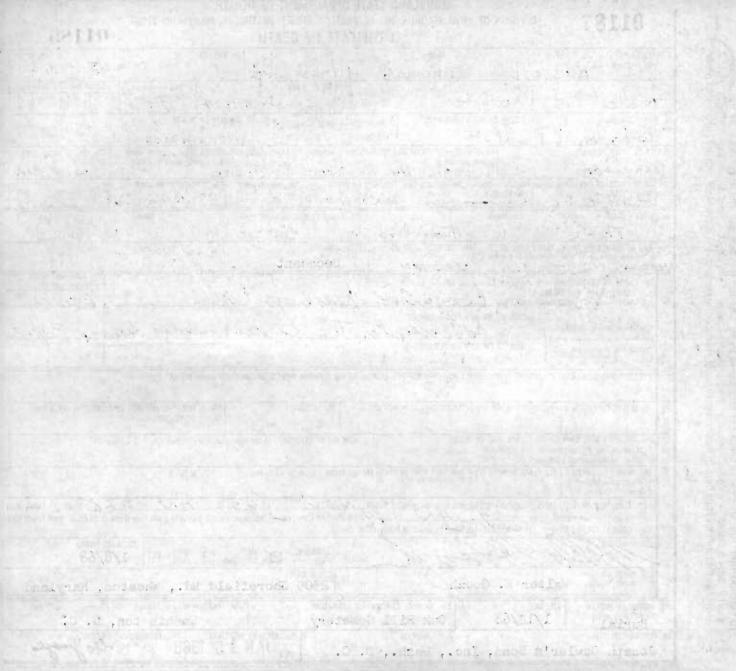


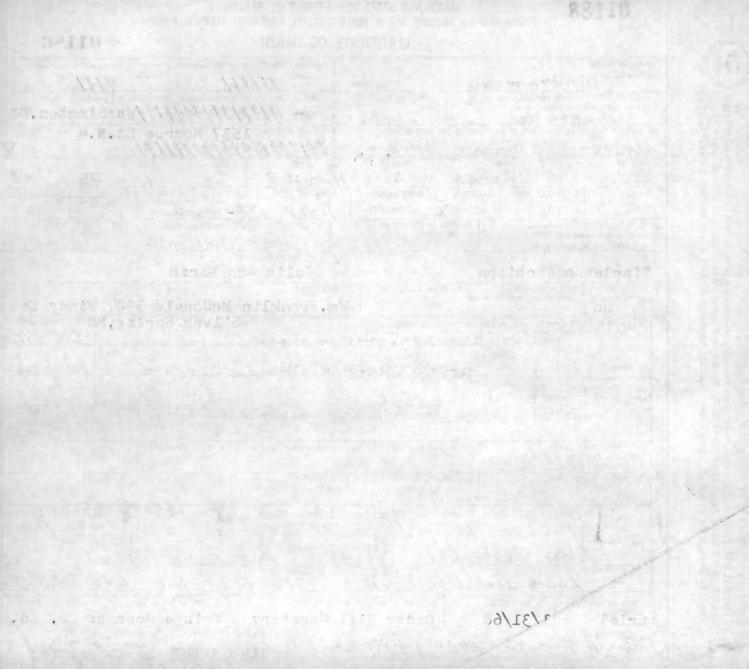
MARYLAND STATE DEPARTMENT OF HEALTH 01186 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01184 I. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR filled in by the funeral requires that the death certificate be executed within 24 hours after death (Type ar print) Month Day Year HUCHES ATHERINE JANUARY 3. SEX 4. RACE IF UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS last birthday) DAYS HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED WIDOWED S DIVORCED [MONTGOMERY UNKNOWN 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR Carban thi give street address? during mast of working life, even if retired.) **INDUSTRY** HEVY CHASE RSING + CONV CONTRA 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY 2230 CALIFORNIA WASHINGTON YES X NO 🗆 remove in any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle JOHN LEECH MARGARETTA and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) ECORDS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) GETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior ta the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO YES | O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING F CAUSE OF DEATH Menth Day Year HOUR A.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at wark 1914/ to Jan 22a. I certify that (1) (this haspital) attended the deceased from... _196×, and that in (my) (per) apinian death accurred an the date and have and from the saw the deceased alive an Jan 3 be retained causes stated abave, (I) (we) (did) (diamet) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR director, page Should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (State) (County) EDAR CREM. UITLAN 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR **ADDRESS**



MARYLAND STATE DEPARTMENT OF HEALTH 01187 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01185 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 haurs after death. signed by the attending physician and campletely filled in by the fungraf to burial transit permit. Then please remave carban papers. Pages Vand Sburial trematian, ar removal, and in any event, within 72 haurs after d**eath** (Type or print) Month 8 Day 6 Teor USSE homas ungertor S. DATE OF BIRTH 3. SEX 4 RACE 6. AGE (In years IF LINDER 1 YEAR white last birthday) HOURS September male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA WIDOWED | DIVORCED [Washington. Montgomery IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY heaton heaton STAMP 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER odmission) STATE Washington. 13b. COUNTY 3820 Kanawha YES 🔀 NO F Washington 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Hungerford Blanchard Carric homas 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, or unknown) (If yes give war or dates of service) Decedant UNKNOWN APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND OFATE PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has been irectar, page 3 shauld be detached far use as the hauld be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO 🗔 be retained by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from NOV, 1963, to JAN sow the deceased alive on 19 Gand that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (dld) (did not) view the bady after death. director, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR 1/8/68 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Walter E. Goozho NAME (Type) 2309 Shorefield Rd., Wheaton, Maryland 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial 1/12/68 Oak Hill Cemetery Washington, D. C. 9 2Sb. REGISTRAR'S SIGNATURE, 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR Missely VR A15 (4) 30M REV, 1/68 Joseph Gawler's Sons, Inc., Wash., D. C.





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01189 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 01187 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O. COUNTY MONTGOMERY B. COUNTY MONTSOMERY MARYLAND 3 b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pup SPRING SILVER HOURS AKOMA d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State De 2101 FAIR LAND WASHINGTON YES be executed within 24 haurs after death. NAME OF DECEASED 4. DATE Middle Month Dov Year 65.5 ANURRY (Type or print) SSIE AUDE DEATH S. SEX 6. COLOR OR RACE AGE (In years YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Examiner's Office alan lart hirthday) Months Days Hours 72 haurs after death. DIVORCED FEMALE WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY _⊆ W FATHER'S NAME 14. MOTHER'S MAIDEN NAM pencil insenow WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the Chief Medical (Yes, no, or unknown) (If yes give wor or dates of service within RECORDS HOSP. NONE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH event IMMEDIATE CAUSE (o) writing the ward This certificate shauld DUE TO any Conditions, if ony, which gove (b) 10 rise to immediate couse (o), = DUE TO 0 stoting the underlying couse and lost. nsed WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) remaval, the certificate, pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) files. 3 shauld shauld 10 PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) Inspection X, Inquiry M 21. I certify that I took charge of the remains described above, held an Autopsy [and in my apinian FUNERAL DIRECTOR: Natural causes death resulted from Suicide Homicide Undetermined manner iuneral directar be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health priar may NAME (Type) or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) Washington D. Glenwood Cemetery Jan 4, 1968 Buria! 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67 F. Gasch's Sons Hyattsville, 1968



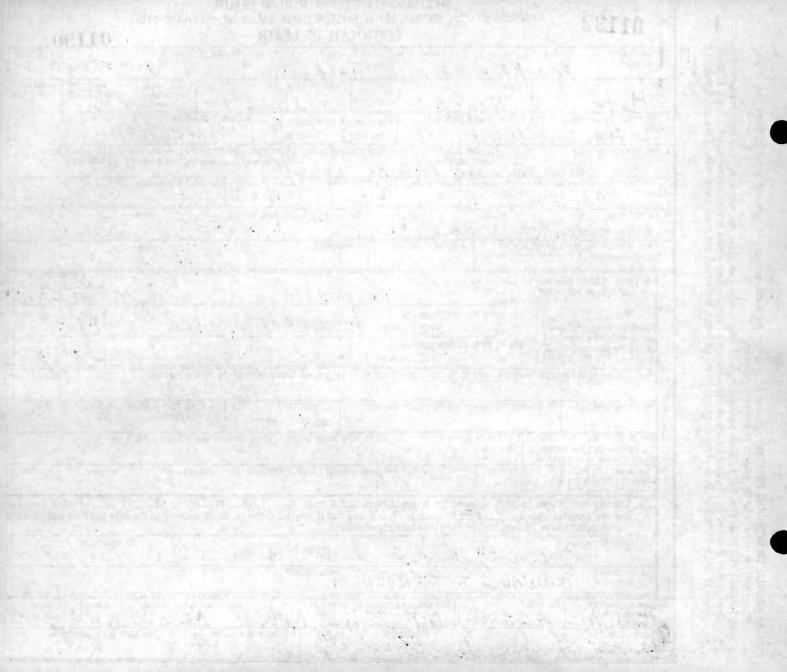
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ICIAN: pitol or rrifficate d for us of Healt	MEDICAL CER	21o. ACCIDENT WAS UNDERLYII or contributing cause of oea (If either, natify medicol exomi	TH HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port 2	, Item 18.)
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VR A15 (4) 30M REV. 1	24.	LIBE R.	morrale X	DATE DATE	N 2 4 1968 7	carles Juage

6	Items 7a, 7b, 10 & 11 Film G396 CE	RTIFICATE OF DEATH	01189
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uted integral we correct the c	13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13 admission) STATE Md 13b. COUNTY $Montg$ Ct	Bc. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. S	TREET AND NUMBER 624 Farnell Dr.
be exe nand con a removed din ony	14. FATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First	Middle Lost
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HYSICIAN: The hospital or of this certificate hospital or use that hospital or use betterhed for use Dept. of Health	210. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ (If either, notify medicol exominer) ☐ 210. TIME OF INJURY ☐ HOUR A.M. Month Doy Yeor ☐ P.M. ☐ 19	21c. HOW INJURY OCCURRED (Enter nature of inj	ury in Part 1 or Part 2, Item 18.)
	21d. INJURY OCCURRED While Of While Of Work Office Building, ETC.	2) 21f. LOCATION Street or R.F.D. No. Cit	y ar Town County State
Affer Affer & Stot	22a. I certify that (I) (this hospital) attended the deceased saw the deceased alive an 19 causes stated abave, (I) (w) (did) (did nat) view the back	fram, 1%, ta , and that in (my) (a or) apinian death	accurred on the date and haur and from the
OR ATTENION OR ATTENION OF A	22b. SIGMATUR	DEGREE ATTENDING MED. DIRECTOR DIRECTOR	STAFF 22c, DATE SIGNED
	22d PHYSICIAN'S NAME (Type) FRANCIS X. RICHARDSON	22e ADDRESS	ill Rd., Wheaton Md.
TO HOSPITAL OR ATTER Poge 4 may be retoined TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the	236 BURIAL PREMATION, REMOVAL (Specify) 23b. DATE CON 19(8) 230 NAME OF CEN	AETERY OR CREMATORY 23d. LOCAT	(City or Town), (County)
VR A (5) 2) 30M REV V 6	24. FUNERAL DIRECTOR PROPERTY AND THE STATE OF THE PROPERTY AND THE PROPER	Anne 250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

MAKYLAND STATE DEPARTMENT OF HEALTH

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		22b. SIGNATURE	.07	0	ATTENDING N	MED. STAFF 22c	. DATE SIGNED
1		Cocl	wend I te	whi DEC	REE PHYS.	DIRECTOR L PHYS. L	120/68
		22d. PHYSICIAN'S NAME (Type)	WARD J.	FEROLI	22e. ADDRESS	Dr. Sing Tale of	
-	225	BURIAL, CREMATION, 23b. D		Bc. NAME OF CEMETERY O	P (DEMATORY	23d. LOCATION (City or Town)	(County) (Stote)
1	230,_	REMOVAL (Specify)	-23-68	MT T	ION CEM.	BARNIES	wille Md.
1	_	UNERAL DIRECTOR	1 1	ADDRESS /		BY REGISTRAR 256 REGISTRAR	SSIGNATURE
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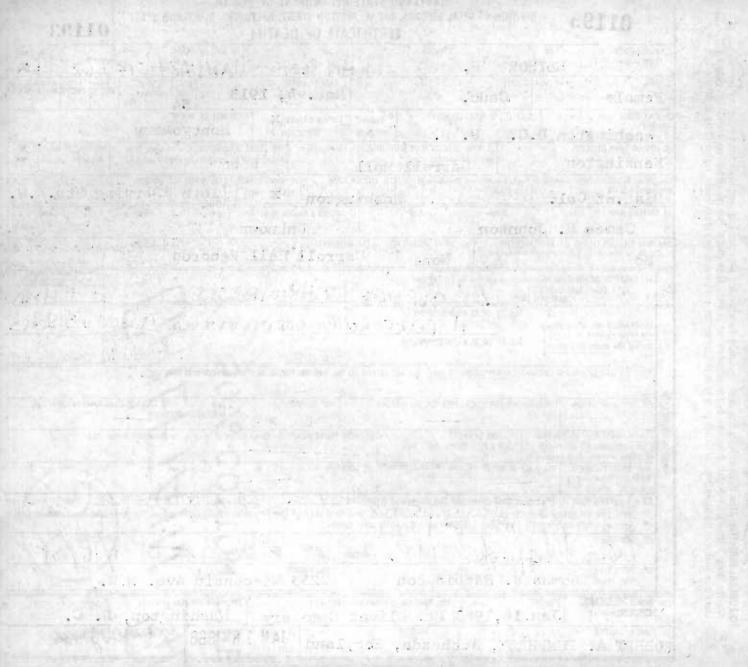
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01193 CERTIFICATE OF DEATH death 2b. HOUR 2g. DATE OF DEATH DECEASED-NAME First Middle Lost Jenkins 150 (Type or print) Month Januar fune by the Pages 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR hours after 3 SEX last birthday) MONTHS DAYS · male white January O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs, 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED filled in (auntry) papers. Montcomery V. 2 A. WIDOWED F DIVORCED [event, within 72 Maryland 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of working life, even if retired.) INDUSTRY remove carban completely Silver > orino 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 113c. CITY OR TOWN admission) STATE Mar 13b. COUNTYPrince Georges YES NO 8103 2014 crematian, or remaval, and in any 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Last and Booth Jenkins Lindell Wood ward Lester physician (16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service) mother APPROXIMATE INTERVA attending paramit. The 18. CAUSE OF DEATH (Enter only one cause per line) for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Milleman DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar tal has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190. DATE OF OPERATION CAUSES OF DEATH? YES IX NO F af Health be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY ar OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, natify medical exominer) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Not while at wark 220. I certify that (i) (this hospital) attended the deceased from the saw the deceased alive an 19 cd, and that in (my) (and opinion death occurred on the date and hour and from the causes stated abave, (i) (we (did) (times) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE directar, page 3 shauld be filed v DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S BUD. 1040 UNI NAME (Type) 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial Silver Spring. 2/5/68 Gate of Heaven Cemetery ADDRESS Nock Pike 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles DATE FEB 8 1968 Tyson Wheeler Funeral Home Rockville, Md. 30M REV. 1/68

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free dear	3. S		4. RACE	Joha	. DATE OF BIRTH	11/21	6. AGE (In years last birthday)		F UNOER 24 HRS. HOURS MIN
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rema		18. CAUSE OF DEATH (Enter	anly one couse per line for (o), (b), on	nd (c).)				APPROXIMA BETWEEN ONSI	
n, or			DIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE	T ME CO		7 00		3h	~
sit pe	1	Conditions, if ony, which gaverise to immediate cause (a)	2)	cove	men	1 hear	Adesea	e 32	Last .
cren		stating the underlying coust		CE OF					
urial		_	ONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO 1	THE TERMINAL DISEASE (OR CONDITION GIVE	N IN PART 1(o)		
	No	4211							
	CERTIFICATION	19o. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION W	AS PERFORMED	20a. AUTOPSY? YES NO		YES, WERE FINDINGS OF DEATH?	ONSIDERED IN CER	TIFYING
7	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, natify medical exam	ATH HOUR A.M. Month Day	Year	V INJURY OCCURRED (E	nter nature of inju	ry in Port 1 or Port 2,	Item 1B.)	
	ME	21d. INJURY OCCURRED 21 While Nat while at wark	e. PLACE OF INJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETG.		ATION Street ar R.F.D.	No. City	ar Tawn	County	State
	13	22a L certify that (1) (1	his haspital) attended the decalive an	ceased fram	that in (my) (aur) o), ta	121, 19	48 , that ((I) (we) last
		causes stated aba	ve, (I) (we) (did) (did nat) view	the bady after de	eath.	apiniun deam			na mani me
shauld be filed with the		22b. SIGNATURE	a James	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	,8
1		22d. PHYSICIAN'S NAME (Type)	Patrick Jameson		22e. ADDRESS 80	reorgi	a Solve	Thins	7. md
שמחות	230		. DATE 23c. NAM	E OF CEMETERY OR C	REMATORY		ON (City or Town)	(Coonty)	(Stote)
	1/2	REMOVAL (Specify) GINS-BURLAL DO AUMERAL MIRECIPAL CL			k. Cemetery	Sedal D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE O	1.0
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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01196 CERTIFICATE OF DEATH The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (ICoutside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) hours NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? .⊑ d. STREET ADDRESS filled Paridotoh 3,200 YES NO X event, within NAME OF Middle DATE corbon Year physician and completely DECEASED .10 (Type or print 715021 DEATH Jan 196 IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** remove lost birthday) Months Hours in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT eose during most of working life, even if retired) COUNTRY? INDUSTRY Chhaneir MOTHER'S MAIDEN NAM 13. FATHER'S NAME a buriol, cremation, or remavol, signed by the attending phy INFORMAN: 1S. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16. SOCIAL SECURITY NO 17. Address (Yes no or unknown) (If yes give wor of dotes of service) 366 0679 05 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: UINTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) neumanic DUE TO Influenza Conditions, if ony, which gove rise to immediate couse (o), DUE TO for use os the l Health prior to b stating the underlying couse hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) erios/erosis NO X TO FUNERAL DIRECTOR: After this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) the hospitol Dept. af OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ATTENDING ot work p pe 1968, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram be retoined poge 3 should be filed with the and that death occurred of 250 M, fram causes and an the dote stated above. saw the deceased alive on, 220. SIGNAFURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. Page 4 moy b 22c. PHYSICIAN" 22d. ADDRESS NAME (Type) director, should b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) PRING YALL (Specify) Jan. 9, 1968 Acacia Cemetery Royal Oak, Michigan Bethesda, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Robert A. Pumphrey VR A15 (4) 25M 1/67 1968

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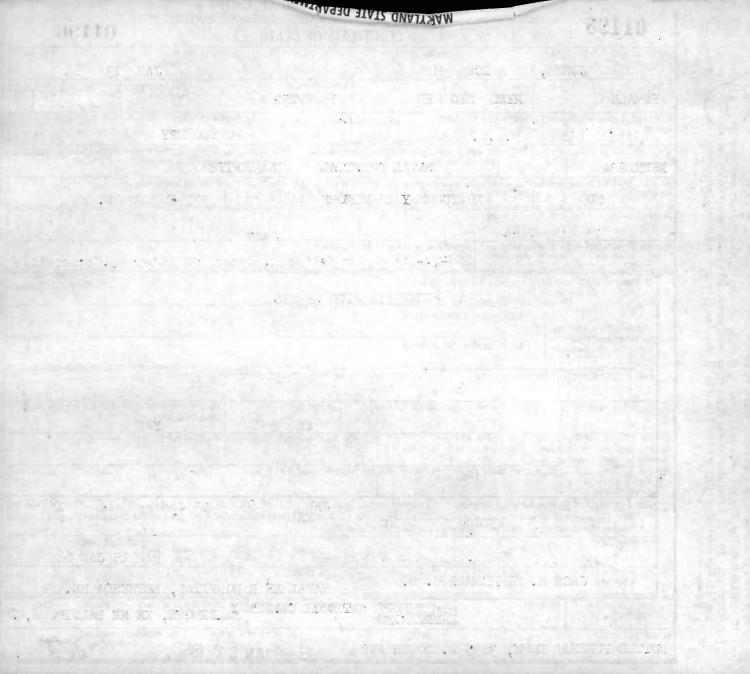
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HEALTH DEPT.		ECEASED-NAME Type or Print)	Vinc		Midd		Johnso	n, Jr.	20. DATE K OF DEATH /	NOWN Month ESTI- WATED Jai	n. 10 Yeor	8 ^{2b.} Hou
ny delay is P., and 3 ta PM3. Page artment of	3. 5	Male Male	4. RACE Negro	S. DATE OF BIR 8/21/0		6. AGE (In year lost birthday)	MONTHS 20AYS		AC. DAIL IN	Jan. Doy	10 Year 19 6	2d. HOU
2 2		BIRTHPLACE (Stote of the other) Maryl	or foreign and	7b. CITIZEN OF WH		W		VORCED 🔲	COUNTY OF DEA Montgom			٨
haurs after death. In Juy delay Item 18. Give Pages 1, 2, and 3 Office alang with farm PM3. Pa I and 2 with the State Department after death.	(CITY OR TOWN OF		give	Tee Oaddress) 1	Montgon	ON (If not in hospit			and of work done e, even if retired.)		ISINESS OR
18. Give a dang	-	dmission) STATE	E (Where deceos	ed lived, if institu 13b. COUNTY	Howard		Y OR TOWN oksville	YES X NO		and number to 97, B	ox. 2	
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I within 24 n pencil in Examiner's File pages 72 hours		WAS DECEASED EV (es, np, pr unknow No	ER IN U.S. ARMED I	FORCES? war or dates of service)	16b. SOCIAL SEC	URITY NO.	17. INFORMANT Medica	l Recor	ds	ADDRESS		
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s certificate she, writing the farwarded to used as a bu emaval, and ir	7	PART 2. OTHER S	GIGNIFICANT COND	ITIONS CONTRIBUT	NG TO DEATH B	UT NOT RELATE	TO THE TERMINAL	DISEASE OR CON	IDITION GIVEN IN F	PART 1(o)		
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# 7 =	MEDICAL CER	21o. EXTERNAL (PRIMARY OF DEAT	CONTRIBUTING [oy, Yeor 19	21c. HOW INJURY	OCCURRED (Enter	noture of injury in	n Port 1 or Port 2,	Item 18.)	
execute the certion. Page 4 should for your files. CTOR: Page 3 should burial, cremation,	ME	AT WDRK A	T WHILE TO	PLACE OF INJURY (ctory, office buildin	g, etc.)		21f. LOCATION Stre		City or	Town	County	State
please I direct retaine DIRE			certify that I t sulted from:	oak charge af t Natural caus Wen		escribed abo	M	tapsy , Hamicide HIEF MEDICAL EXA SSISTANT MEDICA	AMINER	rmined manner		my apinia
	00	EXAMINER'S NAME (Type)	BELD	EN	P. R.	EAP	M.D. A	EPUTY MEDICAL E	ty lowe or county		10,1	168
5==25=	230	REMOVAL (Spec	fy) /-	DATE - 12-6	4.	ME OF CHMENE	PARK	Dec Bee's D	23d. LOCATION (I	ville.	N	(Stole)
VR A15ME (5) 10M REV. 1/68	10	FUNERAL DIRECT	W. Hai	ght a	lykesvi	lle 7	nd.	DATE JA	N 16 19	68 KEGISHNAK	s signature of a	age.

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文米 1	1	01198 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	196
death.		DECEASED-NAME First Middle Lost 20. DATE OF DEATH	Yeo68 2b. Hour
affer the	3. 5	SEX 4. RACE S. DATE OF BIRTH 15SEPT32 6. AGE (In years liquide monits) 4. RACE 15SEPT32	R I YEAR IF UNDER 24 HRS. DAYS HOURS MIN
4 hours	10.		Md. KIND OF BUSINESS OR USTRY
executed wi	13c	o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN mission) STATE MD 13b. COUNTY MONTGOMERY BALTIMORE 13d. INSIDE CITY LIMITS? YES NO 332 SUTTER RD.	
te be exition and (ase remindinan)		. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Timothy Vance No. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 117. INFORMANT Address	Lost
certificat g physici hen ple naval, a	100	Yes, no or unknown) (If yes give war ar dotes of service) 204-24-2854 Mr Walter Z. Jones 332 Suter Rd.C.	atonsville APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N: The law requires that the death certificate be executed within 2 or attending physician. the has been signed by the attending physician and campletely filler ruse as the burial-transit permit. Then please remave carbon par each priar to burial, cremation, ar remaval, and in any event, within	7	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) LOBAR PNEUMONIA WITH SEPSIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove nise to immediate cause (o), stoting the underlying cause (o), stoting the underlying cause (o), put TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
AN: The law re all or attending frate has been for use as the Health priar ta	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES KX NO 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? YES 21c. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Finter nature of injury in Port 1 or Port 2. Item 18.	
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R ATTENDING retained by t RECTOR: After 3 shauld be o with the State		22a. I certify that (this haspital) attended the deceased from 12 JAN , 19 68, to 13 JAN , 19 68 saw the deceased alive an 19 on and that in (TW) (our) opinion death occurred on the date and causes stated above, (1) (we) (did) (the pot) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNATURE 22c. DATE SIGNATURE	GNED
		DEGREE PHYS. DIRECTOR PHYS. 15 J. 15 J. 22d. PHYSTIANS NAME (Type) JACK E. ZIMMERMAN M. D. 22e. ADDRESS NAME (Type) JACK E. ZIMMERMAN M. D. NAVAI KN N HOSPITAL, BETHESDA	
TO HOSPITAL Page 4 may TO FUNERAL director, page shauld be fit	L	BURIAL, CREMATION, REMOVAL (Specify) 1/20/68 23b. DATE 23b. DATE 23b. AND REMOVAL (Specify) 1/20/68 23b. DATE 23b. AND REMOVAL (Specify) 1/20/68	
VR A15 (4) 30M REV. 1/68		A FUNERAL DIRECTOR NUTTER FUNERAL HOME, 3035 W. NORTH AVE ADDRESS DATE JAN 2 2 1968	Judge



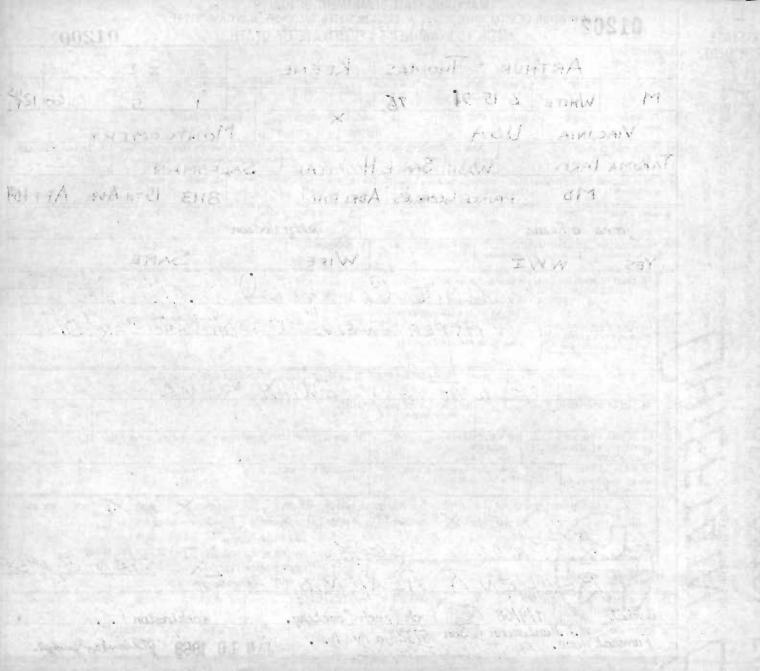
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01200 CERTIFICATE OF DEATH 01198 2a. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR eral (Type or print) IF UNDER 1 YEAR requires that the deoth certificate be executed within 24 hours after 6. AGE (In years 3. SEX S. DATE OF BIRTH lost-birthday) DAYS HOURS 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED [7] "assachusett etely filled 120. USUAL OCCUPATION (Kind of work done, 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR during mast of working life, even if retired.) give street oddress) burial, cremation, or removal, ond in ony event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. county ontamer YES V aruland 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle First Lost puo dward 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT -38-5961 Yes, na, ar unknown) Raymond APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: STARVATION NANITTON IMMEDIATE CAUSE (a) BONE TUISCERIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) CARCINOMA. WLUESPREHO (b) METASTATIC rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 10 CARCINAMA PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) prior to b has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO N TO FUNERAL DIRECTOR: After this certificate ha director, page 3 should be detached for use should be filed with the State Dept. of Health I Page 4 may be retoined by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram ITPRIL 1964, ta JAN 28, 1968, that (I) (we) last saw the deceased alive an JAN 27 __19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ROCKUTLLE CALOWELL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23b, DATE (County) 23a. BURIAL, CREMATION REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

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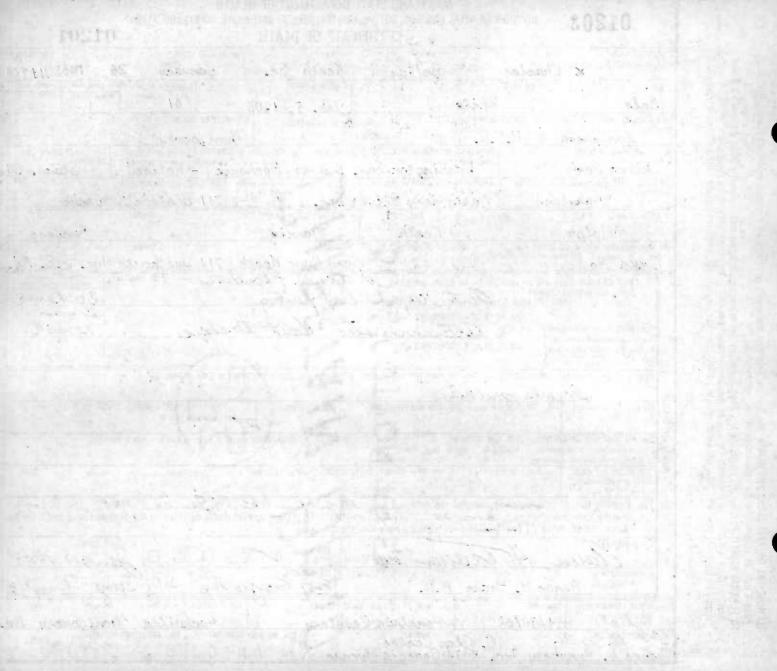
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FOR STATE		01202		MEDIC	AL EXAM	INER'S	ERTIFICATE	OF DEATH			0120	00
HEALTH DEPT.		ECEASED-NAME Type ar Print)	First		Middl		Last	14,178	20. DATE KNO OF EST	WN Manth	Day	Yeor 2b. HOUR
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delay	3. S		HTE	2-15-		6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN	2c. DATE PRON Month	Day	Year	2d. HOUD 19 68 12 M
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haurs after death tem 18. Give Pago Office along with and 2 with the Sta after death.		AKOMA PAR	14		we of Hospital	OR INSTITUTIO	N (If nat in hospite		OCCUPATION (Kind of working life, e	ven if retired.)	12b. KIND INDUSTRY	OF BUSINESS OR
Give ang th th	_	USUAL RESIDENCE (Whe	re deceased	d lived, if institut	ion: Residence	befare 13c. CIT	Y OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AN	IN		
rs af 18. e alc dea dea	0		D	13b. COUNTY	E GEOR	4/1 4	DELPHI	YES NO	8113	15TH	AVE	APT 104
INER: This certificate shauld be executed within 24 hours after death any, be certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, should be farwarded to the Chief Medical Examiner's Office along with farmarfiles. 3 should be used as a burial-transit permit. File pages land 2 with the State Depagnation, ar removal, and in any event within 72 hours after death.	14. F	-	irst V	Middle		Lost	IS. MOTHER'S MA			Middle		Last
thin 24 miner's pages 1 haurs o		WAS DECEASED EVER IN U.	Keen		16b. SOCIAL SECL	IRITY NO.	17. INFORMANT	ty Dodson		ADDRESS	Albania I	
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CAL EXAMINER: execute the certi ar. Page 4 shauld ad far yaur files. CTOR: Page 3 shau burial, crematian,	MEDICAL	CAUSE OF DEATH 21d. INJURY OCCURRED	21e. PL	ACE OF INJURY (At	hame, farm, s		21f. LOCATION Stree	et ar R.F.D. Na.	City or To	wn	Caunty	Stote
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necessary, please execute the the funeral directar. Page 4 5 may be retained far yaur or FUNERAL DIRECTOR: Page Health priar ta burial, crem	22	NAME (Type) BURIAL, CREMATION,	E / 1	UEN	1.1	TEA	P, M.D	ORKS CHRON		- T- \	16	15.1.2
7	230.	BURIAL (Specify)		19/68		NE OF CEMETER	y or crematory k (emeter		d. LOCATION (City Washi	or lown)	(Caunty)	(State)
	24.	FUNERAL DIRECTOR W.	K.Hun:	temann &	Son 5	ADDDECC_	Ave N.W.	2Sa. REC'D BY R		0.004	S SIGNATURE	
VR A15ME (5) 10M REV. 1/68	30	Funeral Ho	me.	av X H	wite	man		DATE JAN]	0 1968	Telis	reles &	udge.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01203 01201 CERTIFICATE OF DEATH Middle Inst DECEASED-NAME First 2o. DATE OF DEATH 2b. HOUR /deoth. (Type or print) eral Month Charles Keeth 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In veors IF UNDER 1 YEAR last hirthdoy) DAYS MONTHS I Male White 1906 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED [Pouisanna WIDOWED Montaomery Tilled within 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRYgive street oddress) during most of working life, even if retired.) Jakoma Park & Hosp complet crematian, or removol, and in ony event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before remove car 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES TX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle pup Lost Rudolph Keeth Jannie Sanders 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) 2 moule rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO Z YES [O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this hospital) attended the deceased fram aug 21 . 1963 . to saw the deceased alive an Sen 26 1968, and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURI 22c. DATE SIGNED **ATTENDING** STAFF ZUD DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS SilverSpring graum. NAME (Type) Aaron H. (County) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (Stote) REMOVAL (Specify) arklawn Cemetery 130/68 Montgomery ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Marien 30M REV. 1/68 8434 Georgia Avenue SS DATE Inc.

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0120% CERTIFICATE OF DEATH		MARIE ARIMENI OF HEALTH	
CERTIFICATE OF REATH	DIVISION OF STAT	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	I, MARYLAND
CERTIFICATE OF DEATH	01204	CERTIFICATE OF DEATH	01202

1						
1	PLACE OF DEATH 9. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence	e before edmission)			
Н	montcome RU MARYLAND	o. STATE b. COUNTY				
-	b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 1b	c. CITY QR TOWN (If outside corporate limits, write RURAL and give n	perest town)			
	write RURAL end give neerest town	1 11 T				
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give stated eddress)	d. STREET ADDRESS	IC BECIDENCE			
		T D /	e. IS RESIDENCE ON A FARM?			
-	13104 Matey Road	13104 MALEY ROAD	YES NO			
3	NAME OF First Middle	Last 4. DATE Month Dey OF	Yeer			
L	(Type or print) ANNA WILHELMEA	KELLU DEATH JAN 19	1968			
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.			
L	F W WIDOWED DIVORCED 1	IARCh 13 - 1908 Sq yrs. Months Deys	Hours Min.			
1			F WHAT COUNTRY?			
Г	HOUSE WIFE	ChiCAGO ILL. U.S	A			
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	HENRY Z, VAN REIN	ANNA AUKEX				
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I		9 UF			
1	Yes, no, or unkown) (Ifyesgivewerordelesofservice) 38-22-2417 MI	ISPEL BRAMAN LONG BEACH.	CAL.			
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).].	INT	ERVAL BETWEEN			
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	S GENERALIZE'S ON	SET AND DEATH			
L	152					
п	DUETO AMAZER OF ALLOW A FET WILL I LE					
E.	Conditions, if eny, which gove rise to Immediate couse					
Г	(e), stelling the underlying DUE TO		V			
L	couse lest. (c)					
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+)	PERFORMED?			
15	1992	TO THE REAL PROPERTY OF THE PARTY OF THE PAR	ES NO			
CERTIEICATION	200. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Pert I or Pert II of item 18.)				
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour e.m. 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or town) (County) ory, street, office bldg., etc.)	(State)			
ME	p.m. 19 et work et work					
	21. I certify that (I) (this hospital) attended the deceased from	10-10 , 1966, 10 1-19 , 1968, 11	nat (I) (we) last			
	saw the deceased alive on. 1-17					
	220. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED			
	Sarah & Glorer M	D. PHYS. DIRECTOR PHYS. 1-19-	68 SIGNED			
	22c. PHYSICIAN'S	22d. ADDRESS	/			
	NAME (TYPOSARAH E. GLOVER	VOIZECEDAR LANE KENSING TON	md			
2	30. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county)	(State)			
	Burial 1-23-68 Parklawn Ce	metery Rockville, Marylar	nd			
2	4 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNAT				
	ROBERT A. PUMPHREY, Bethesda, Mary	Tand DATE JAN 44 1300	10			
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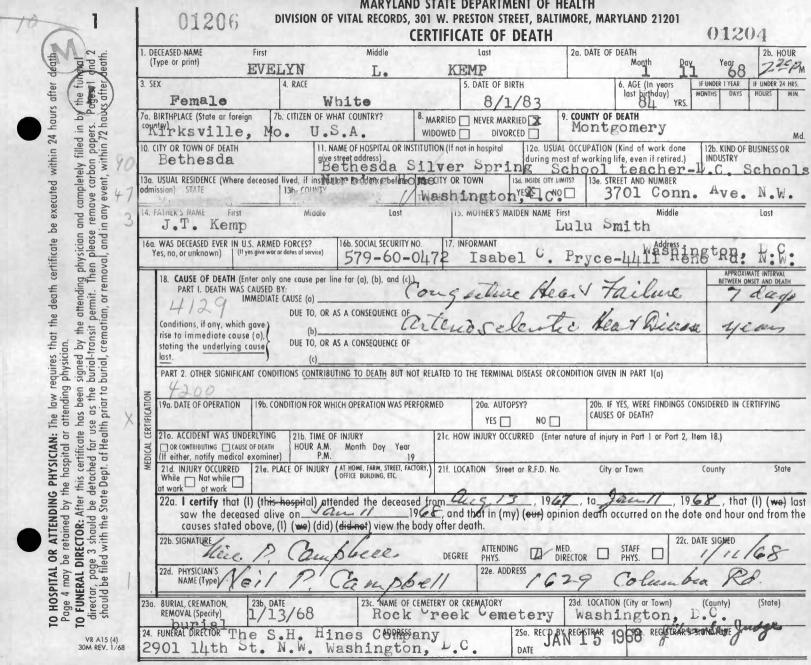
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1		01205 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	01203
€ 4° ±		DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) Month Day	2b. HOUR
death		ERNESI L. KEILY HAN. 7	, 1968 53 M
To the second	3. S		IF UNDER 1 YEAR IF UNDER 24 HRS.
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Hour day	/o.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH unitry)	
in 24 lilled ir paper hin 72	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work-done)	ERCI Md.
ecuted within 24 h campletely filled in/ nave carban papers, y event, within 72 h	<	give street addressyl 1 give street addressyl 1	12b. WND OF BUSINESS OR INDUSTRY
e executed with and campletely remave carban n any event, wit	130.	a. USUAL RESIDENCE (Where decease Gived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	e.L. KElly
cuted v amplets ive carif event,	adm	mission) STATE Maryla 13b. COUNTY MONTGOMERRY SAOR SOON YES EN NO 308- Ham ITO	an Alkanie
d cc	14.	FATHER'S NAME First Middle Jost 1 15. MOTHER'S MAIDEN NAME First Middle	Last
ate be exe ician and co lease rema and in any		James L' Kelley. "Het Known	
requires that the death certificate be executed within 24 hours after g physician. signed by the attending physician and campletely filled in by the by burial-transit permit. Then please remave carbon papers. Pages burial, crematian, ar removal, and in any event, within 72 hours after	160	O. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY O. 17. INFORMANT Yes, no, of unknown) (If yes give wor or dates of service) Address!	1. 11 -11
rtific phys		No borne felly 20 samelyne	use-ff. ma.
eath certifi ending phy nit. Then ar remova		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne deatl attendi permit. ian, ar r		IMMEDIATE CAUSE (a) Prestución	Ivreeh.
he att per tian		Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF	1
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the law requires that the datending physician. has been signed by the attice as the burial-transit perrit priar to burial, crematian,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<u> </u>
ng Fen sen sen to b	z	1 / C 7 V	
The law ratending has been se as the h priar to	CATIO	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
	CERTIFICATION	YES NO CAUSES OF DEATH?	
JAN: The all ar att icate ha far use Health p			m 18.)
YSICIAN: "aspital ar certificate chied far us	MEDICAL	[(If either, natify medical examiner) P.M. 19	
ATTENDING PHYSICIAN retained by the haspital ECTOR: After this certifical should be detached for with the State Dept. af He		While Not while OFFICE BUILDING, ETC.	County State
by the the the period of the p		or work of work	that (I) (wa) last
ENDING hed by th R: After 1 uld be d the State		22a. I certify that (I) (this hospital) attended the deceased fram saw the deceased olive an and that in (my) (our) apinion deoth occurred on the date	and hour ond from the
ATTER estaine CTOR: shoulk	ч	causes stated abave, (I) (we) (did) (did not) view the body after death.	TE CIONED
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certificate is 3 should be detached fa ed with the State Dept. af H		DEGREE PHYS. DIRECTOR PHYS.	ATE SIGNED
		22d. PHYSICIAN'S 22e. ADDRESS .	-11110
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: Adirector, page 3 should School be filed with the		NAME (Type) BLAINE HELG 90019 Leng a Constitution	thing, had
HOS ge 4 FUN recto	230	BURIAL, CREMATION, REMOVAL (Specify) 23d LOSATION (City pri Trown)	(County) (State)
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VR A 5 4	24.	I. FUNERAL DIRECTOR ADORESS 25a. REGISTRAR'S 5	GNATURE CONTRACTOR
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MAKTLAND STATE DEPAKTMENT OF HEALTH

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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01205
HEALTH DEPT.	(Type or Print)	Day Yeor 2b. HOUR
oy is 3 to age and of the of	VALE PHILIP REPRODE DEATH MATED	12 1968 9 7 M
any deloy is 1, 2, and 3 to m PM3. Page Department of	3. SEX 4. RACE 5. DATE OF BIRTH 4-2.0-42 6. AGE (in years lif under 1 YEAR if under 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Manth Day	Year 19 68 925M
	7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 W / / / / / / / / / / / / / / / / / /
	COUNTRY) NEW YORK USA WIDDWED DIVORCED MONTGOMER	Y Md
ve Poges 3 with for the State	The state of the second st	2b. KIND OF BUSINESS OR NDUSTRY
Give Give ang w th the	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 3c. (ITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
of will all of	odmission) STATE M.D. 136-COUNTY RESIDENCE GEORGE W. HYATBYILLE YES NO UNKNOWA	
hours Item 1 Office 1 ond 2	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	lost
	PHILIP ALDEN KERWOOD EMMA AGNES NICH	OLS
hould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's riol-transit permit. File poges n ony event within 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas no, or unknown) (If yes grow war or doles of service) NKNOWN INFORMATION FROM WALL!	ET
ecuted v ling" in pedical Ex edical Ex ermit. Fil	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending" in ef Medical E nsit permit. I vent within	PART I. DEATH WAS CAUSED BY: Acute Bilateral Interstitial Acute Bilateral Interstitial	
be exemple be exempled by the best of the	Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) Preumonitis	
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s certificate slamming the farwarded to used as a bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
verificate verifing the rewarded to seed as a novel, and novel, and	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certificate, writing the farward be used a removol,	19a. DATE OF OPERATION 19b. CONDITION FDR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	YES NO
Th iffica I be Id b		n 18.)
utner: The certifice should by files. 3 should laboration, or nation, or	CAUSE OF DEATH P.M. 19	
bical EXAMINER: se execute the certi ctor. Poge 4 should ned for your files. ECTOR: Poge 3 shoul	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while at work	Caunty State
7 7 7	22a. I certify that I taak charge of the remains described above, held an Autopsy 💢, Inspection 💢, Inquiry 💢,	and in my apinian
DEPUTY DICAL E	death resulted from: Natural causes 🔼 , Accident 🔲 , Suicide 🔲 , Homicide 🔲 , Undetermined manner [
DEPUTY COIC. stessory, pleose e e funerol director may be retoined FUNERAL DIRECT	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226. DATE SI	GNED
DEPUTY cessory, e funero may be FUNERA	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER	12 19/01
o DEPUTY necessory, the funerol 5 may be in 0 FUNERAL Heolth prin	NAME (Type) DELDEN CAP M.D. ABDRESS Stripe) dity, County)	4, 100
10 the Head	230. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City or Town) (INC. 1970) 23d. Den Ver	Colorado
	24_EUNERAL DIRECTOR/ // ADDRESS) ADDRESS) A REC'D BY REGISTRAR 25b. REGISTRAR'S SII	
VR A15ME (5) 10M REV. 1/68	W.W. Camber Circ. Dash J. C. Dasgost AN 18 1968 School	es Judgio

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01206 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type ar Print) Williams 1968 12P, 3 ta Kiley Genevieve DEATH MATED 3. SEX 4. RACE IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, a. PM3. 1068 2/27/0906 12P, White Female 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Office alang with farm WIDOWED Montgomery DIVORCED [USA New York 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.) **INDUSTRY** Holy Cross Hosp. Silver Spring Jun Home 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER after death in Item 18. 13b. COUNTY YES NO 712 E. Notley Rd. Montgomery Sil. Spr. and 2 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Frances Rowley Williams Edward haurs 17. INFORMANT Daughter, 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, no, or unknown) Mrs. G.M. Niles Same event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), the ward OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate writing ar remaval. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. 3 shauld be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote foctory, affice building, etc.) NOT WHILE 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion deoth resulted from: Natural causes Suicide [Accident Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Health NAME (Type) WAT DE COUNTY 50 23g. BURIAL CREMATION 23d. LOCATION (City or Tawn) (County) REMOVAL (Specify) VR A15ME (5) Menela Inc. 1 5 1968 Pumphrey. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIZON . KURKA KAMMARARAHAN NI VIDIO 20210 Special 1969 1969 of Samuel Countries (1969)

MARYLAND STATE DEPARTMENT OF HEALTH 01209 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01200 DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR within 24 hours after death the funeral (Type or print) Twin Baby Boy "A" Januar Wonth KING 3. SFX 4. RACE JE UNDER 1 YEAR S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS last birthday) HOURS Caucasian 31 December 1967 Male hour in by pers. Po 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED ve carbon papers. event, within 72 ho country) DIVORCED [WIDOWED [Maryland USA Montgomery filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
Naval Hospital during most of working life, even if retired.) INDUSTRY remove carbon ond completely Bethesda 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b. COUNTY 4600 Tuckerman Street buriol, cremotion, or removal, and in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Unknown King Mary physicion o 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Md. Address Yes no or unknown) (If yes give war or dates of service) N/A Woodrow King. 4600 Tuckerman St.. Riverdale 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Hvaline membrane disease DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Conditions, if ony, which gave) Prematurity rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detoched for use as the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 19n DATE OF OPERATION CAUSES OF DEATH? Yes NO T YES O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Nat while at work 22a. I certify that (F(this haspital) attended the deceased from Dec. 31., 19.67, ta Jan. 1., 19.68, that (X) (we) last saw the deceased alive on 19.68, and that in (XY) (our) opinion death accurred on the date and haur and from the . 19 68 , that (\$\text{\$\text{th}}\) (we) last saw the deceased alive on dan 1968, and that causes stated abave, (1) (we) (did) (did nat) view the bady after death. director, page 3 should 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. Jan. 3, 1968 DEGREE PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Naval Hospital, Bethesda, Md Gene P. Swartz. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE (State) REMOVAL (Specify) 1-5-68 Cedar Hill Crematory Washington 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR Falls Church Funeral Home DATEJAN 1968 1102 West Broad St., Falls Church, Va.

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ohys		75, 110, 01 UIIKIIOWII)	217-36-8659	Lula Kicks	WAShington	JDic. Ste
ng F The		18. CAUSE OF DEATH (Enter only one couse per line	far (a), (b), and (c).)	191.	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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affe an,			A CONSEQUENCE OF	1 1 61		1
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tha an. by ran cren		stating the underlying cause DUE TO, OR AS	A CONSEQUENCE OF	/	1	1/
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The law requires that the death certificate be executed within 24 hours after attending physician. The following physician and campletely filled in by the following physician and campletely filled in by the following the prior ta burial, crematian, arremoval, and in any event, within 72 hours after the prior ta burial, crematian, arremoval, and in any event, within 72 hours after the prior ta burial.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	ING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	
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PHYSICIAN: e hospital or his certificate stached far u Dept. af Heal		210. ACCIDENT WAS UNDERLYING 21b. TIME OF OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.	INJURY 21 Manth Day Year	c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Port 2, It	tem 18.)
SICI Spitch Ped the	MEDICAL	(If either, natify medical examiner) P.M.	19			
hoo hoo ach ept	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21 OFFICE BUILDING, ETC.	f. LOCATION Street or R.F.D. No.	City or Town	County State
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OR ATTENDING be retained by the IRECTOR: After a 3 shauld be d ad with the State		220. I certify that (1) (this hospital) atter saw the deceased alive on	nded the deceased trom	and that in (my) (our) onir	ion death occurred on the dat	to and hour and from the
R: A		causes stated abave, (i) (we) (did) (old not) view the body of	ter death.	non death occurred on the dai	re and navi and Ham me
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VR A15 (4)	1	FUNERAL DIRECTOR	ADDRESS	Korle 250. REC'D BY	REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
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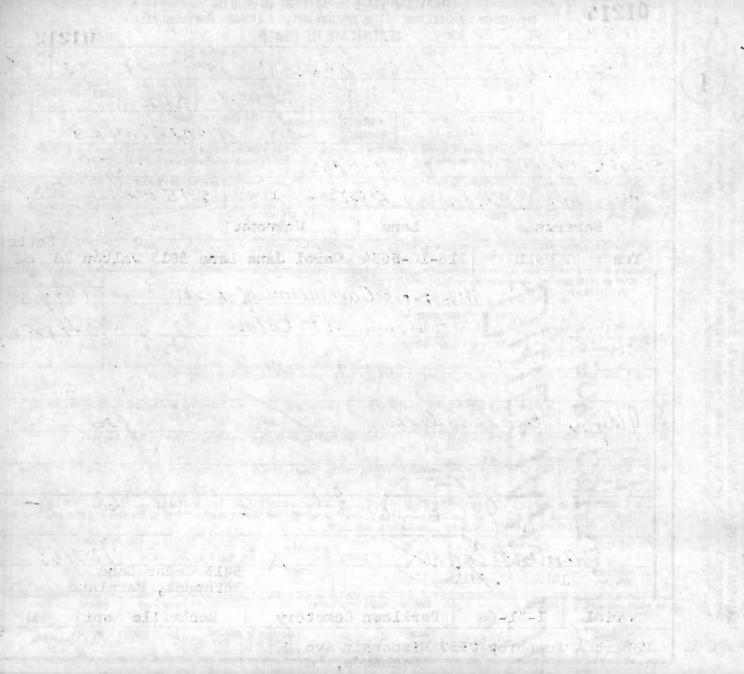
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1		MARYLAND STATE DEPARTMENT OF HEALTH	
ATE		Items 13a, b, c, e MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01210
DEPT.	1. D	CEASED-NAME First Middle Last 20. DATE KNOWN[X] Month	Doy Year 2b. HOU
	(1	YPE OF Print) PETER William LA CORTE DEATH MATED TO THE	1 1958 329
	3. SE	X 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOLINGED DEAD	2d. HOU
	7	Pale W 10/20/1917 50 YRS MONTHS DAYS HOURS MIN Manth Jeg Day	Year 1968 3 50
1		IRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	coun	Dach DC 439 WIDOWED DIVORCED /Montgome	ey. N
7/1	10. C	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY
-		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 3c. CHY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 22 Imission) STATE 13b. COUNTY	22nd St., N.
17		ATHER'S NAME First Middle Last I.S. MOTHER'S MAIDEN NAME First Middle	17711111111
3	14. F.	La Corte Rose So medico	Last
		NAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Brother) 2633 Forming:	ton Do
	- (,	es, no, or unknown) (If yes give wor or dates of service) 577-03-5268 William LaCorte 2633 Farming	Vinceinie
		1) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
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7		412, 9 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Cardio Vascular Disease	years.
		rise to immediate couse (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	7.0.0
		lost.	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1	RTIFI		YES NO
		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, I HOW A.M. 19	tem 18.)
1	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE AT WORK AT WORK AT WORK	
		22a. I certify that I taak charge of the remains described above, held an Autopsy 📝, Inspection 🔼, Inquiry 🗵	, and in my apinio
		death resulted fram: Natural causes 📝 Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER C	
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE	SIGNED 1968
		EXAMINER'S NAME (Type) John G. Ball, M.D. DEPUTY MEDICAL EXAMINER (A.D.) ADDRESS(Street, city, town, or county)	1-1700
	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
1		Burial 1/4/68 Fort Lincoln Cemetery Bladensburg, P.	, ,,
)	24.	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	Jo	seph Gawler's Sons, Inc., Washington, D. C. DATE JAN 5 1968 Julia	wes Judge

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11 12		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
" (N)	ľ	Item 6 Film G397 2/7/68 kk CERTIFICATE OF DEATH 01212
death.		ECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) SHEPHEN B. LANE JAN, Month 2 Day Year & 4M
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4 hours		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED WORL & MONTH OF MERCY Md.
e executed within 24 had campletely filled in remave carban papers.	3	CITY DR TDWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b. KIND OF BUSINESS OR lindustry
amplete ve cark event,	13o. odm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lission) STATE 13b. COUNTY 18 MONTBOMERY BETTHESOA YESDA NO 5815 WALTON RD.
be exe n and c e remo	14.	FATHER'S NAME First Middle Lost Unknown Lane Unknown
rificate be hysician on please val, and ii	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, my eusknown) (It yes grow Wilter of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Bethes 216-10-5654 Carol Jane Lane 5815 Walton Rd Md
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages T and should be filled with the State Dept. af Health priar to burial, cremation, ar removal, and in any event, within 72 hours after deather the state Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after deather the state Dept.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Cavalinoma of Liver 1/2/100
that the in. by the at ansit per		Conditions, if ony, which gove trise to immediate couse (0), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
The law ratending attending has been se as the the priar to	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CLAN: The ital or atlificate ha far use far use if Health p	MEDICAL CERT	21o/ ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Of INJURY Annual Contribution Cause of Death HOUR A.M. Month Doy Yeor If either, notify medical examiner) 19
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L OR ATTENDING PHYSICIAN: "be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be detached for usiled with the State Dept. of Healt		220. I certify that (I) (this hospital) attended the deceased from July 1966, to July 1968, that (I) (see last saw the deceased alive an July 2007 and that in my) (see applicant death/accurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.
HOSPITAL OR ATTENION Page 4 may be retained be retained by FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE ATTENDING DEGREE ATTENDING DIRECTOR DIRECT
HOSPITAL age 4 may FUNERAL D irector, pag hauld be fill		22d. PHYSICIAN JAMES W. ZGAN 22e. ADDRESS 5413 Cedar Lahe / Bethesda, Maryland
TO HO Page TO FUN direct shaul		Burial, Cremation, 23b. Date 23c. NAME OF CEMETERY OR CREMATORY Rockville Mont Md
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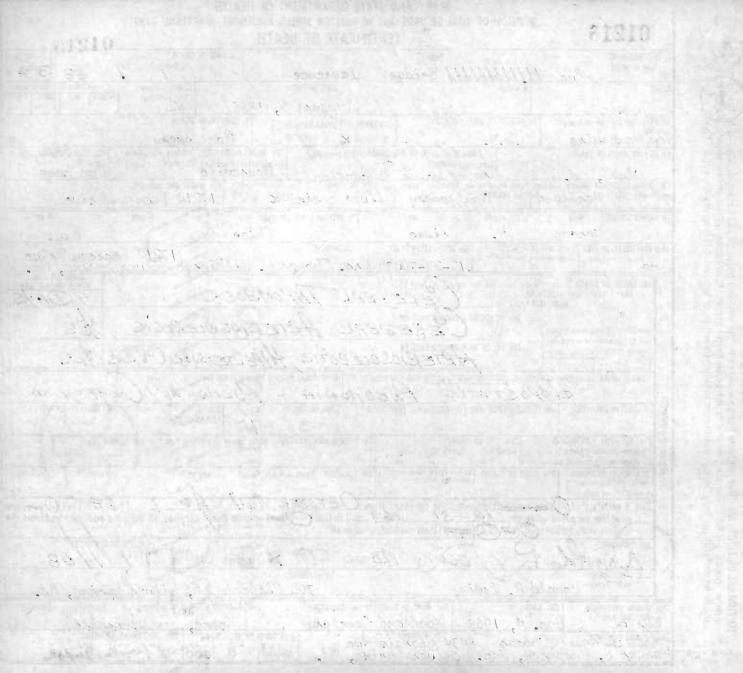
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0121 1. DECEASED-NAME Middle 2o. DATE OF DEATH First 2b. HOUR (Type ar print) Month 0 3. SEX RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 BRS 6. AGE (In years offer nit. Then please remove carbon papers. Page's ar remaval, and in any event, within 72 haurs after lost birthday) MONTHS HOURS 4-11-1886 white male haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland 11.S.A WIDOWED [DIVORCED Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital live street address) Atthew Woodland Nursing during most of working life, even if refired.)

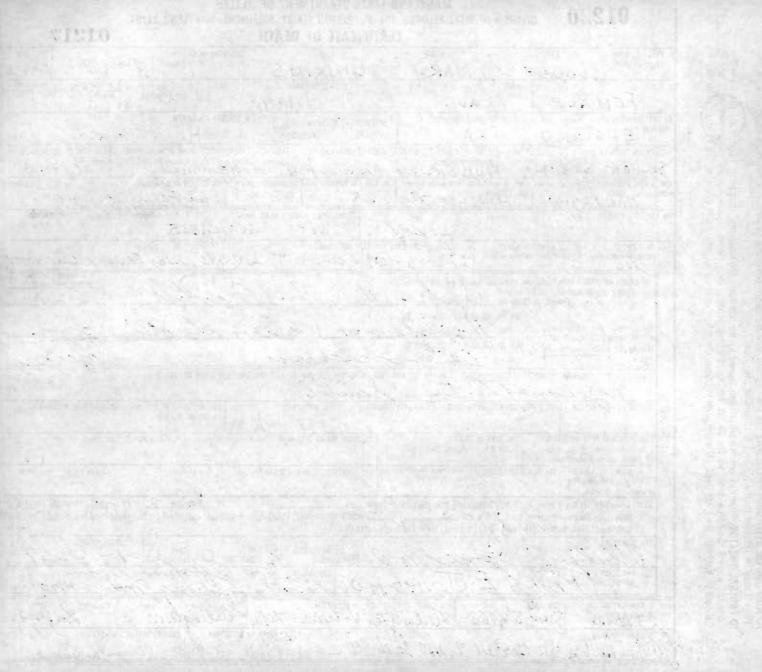
Home - 1000 Daleview Dr. Excavation Contractor Self employed 10. CITY OR TOWN OF DEATH within campletely 54 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before / 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 1S. MOTHER'S MAIDEN NAME First Middle Middle Lost requires that the death certificate be atimer 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH burial, crematian, signed by the burial-transit p Canditians, if ony, which gove 400 rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse FOUNDOSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO T TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy P.M (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote Caunty While Not while at work 22a. 1 certify that (I) (this hospital) attended the deceased from 12 2, 1965, to 31, 1967, that (I) (we) lost saw the deceased olive an 30, 1967, and thot in (my) (our) epinion death occurred an the date and hour and from the couses stated above. (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF DEGREE 22e. ADDRESS 22d. PHYSICIAN BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 24. FUNERAL-DIRECTOR VR A15 (4) 30M REV. 1/68 umphrey. DATE 1

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 2a. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 haurs after death. (Type or print) 111 Bridge awtence 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR DAYS last birthday) MONTHS August 6 the attending physician and campletely filled in by sit permit. Then please remave carban papers. Patian, ar removal, and in any event, within 72 had 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Vew Hampshire DIVORCED [WIDOWED M Montagmery 10. CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY rooke Chouse Own home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Mary Land 13b. COUNTY ontagmery 17214 Emerson Drive YES 😿 crematian, ar removal, and in any 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Last Horace 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, na, ar unknawn) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF FRIOSCLEROSIS Canditians, if any, which gave) burial-transit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PERTENSIVE COVI TERIOSELEROTIC burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 may be retained by the haspital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been NEUMONIA ONTESTIOD. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use YES 🗍 with the State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 3 shauld be detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from CETOBER, 1964, to your 68, that (1) (we) last saw the deceased alive an-1967, and that in (my) (our) apinian death accurred an the date and haur and fram the couses stated abave (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE & GNED. ATTENDING MED. STAFF DEGREE director, page shauld be filed DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Lowin onald Loverly St 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (County) (State) REMOVAL (Specify) Cometeru 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S VR A15 (4) 1968 30M REV. 1468



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01219 Item#13Film#G397 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR_ death. OUN (Type or print) Month August Loeffler Carl 72 haurs after 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) DAYS HOURS YRS Male White January 12. 1873 haurs 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED [Montgomery County
120. USUAL OCCUPATION (Kind of work done lease remave carbon paper and in any event, within 72 Wash D.C. United States 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY give street address) remave carbon Sec. of U.S. Senate - Retired

SIDE CITY LIMITS? | J3e. STREET AND NUMBER 4615 29thPl. N.W. Westwood Nursing Home Bethesda, Md. 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? executed odmission) STATE 13b. COUNTY YES NO 5/101/Ridget/ie1d/Road Mon troner 14. FATHER'S NAME Middle Middle 15. MOTHER'S MAIDEN NAME First puo Charles David requires that the death certificate be Adam Louisa Brown 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) burial, crematian, or remaval, Mrs. H. R. Josephson 5504 Burling Ct. Beth. unknown 579-60-0109 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as been as the b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO I 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year of (If either, natify medical examiner) r this certif P.M. director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 1 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from the sow the deceased olive an 1942, that (1) (we) last sow the deceased olive an 1942, and thot in (my) (our) apinian death occurred on the date and hour and from the O FUNERAL DIRECTOR: After To Hospital or Attenbine Page 4 may be retained by causes stated abave, (1) (well (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Dr. Neil Campbell 1629 Colorado Road, Washington, D.C. 23d. LOCATION (City or Town) \(\square\) (County) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, Burlal (Specify) Washington, D.C. Rock Creek Cemetery 2-1-1968 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATE FEB 30M REV. 1/68

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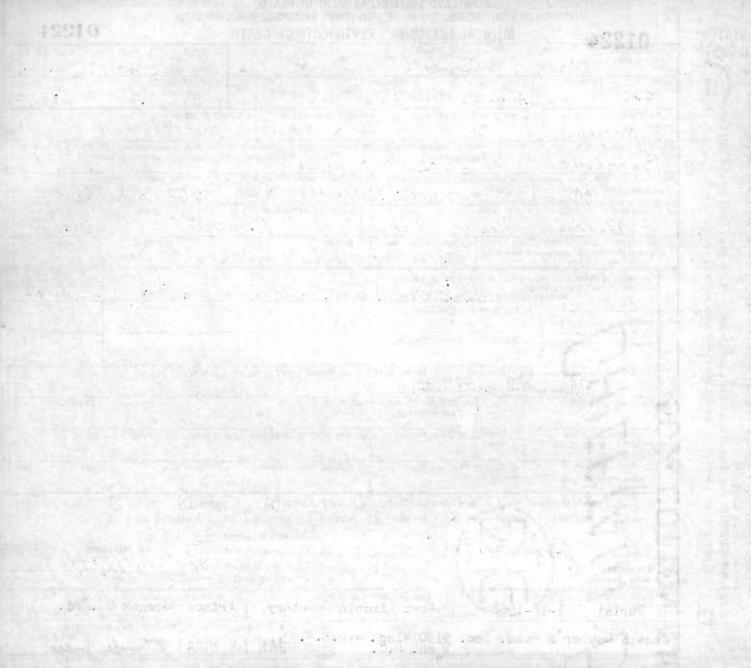
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01223 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01220 CERTIFICATE OF DEATH DECEASED-NAME Middle (Type or print) IF UNDER 1 YEAR 3. SEX after lost outhday) MONTHS DAYS YRS. within 24 hours BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED [NEVER MARRIED DIVORCED [WIDOWED I buriol, crematian, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR give street oddress) INDUSTRY remove carbon 136. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 13b. COUNTY NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Unknown 16b. SOCAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give was as dates of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Droncho Ruownia IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the buriol-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) aferiosethosis 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO X Page 4 moy be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from 10.56, 19..., to 12.59, 1969, that (1) (we) lost sow the deceased olive on 19.00, and that in (my) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After director, page 3 should should be filed with the couses stoted above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED.
DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S 7801 NOLFUKAVE JOHN M. WYMAN NAME (Type) -236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) Suitland, Maryland REMOVAL (Specify) Cedar Hill Crematory 1-20-68 ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Md. 1968

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2 1 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01221
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= 5 × + € 5	×	21d. INJURY OCCURRED WHILE NOT WHILE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
cessary, please execute the cert et funeral director. Page 4 shauld may be retained far your files. FUNERAL DIRECTOR: Page 3 should priar to burial, cremation.	B.	AT WORK AT WORK	
ICAL E) s executor. Paged far (CTOR: Purial)	-	22o. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🔀 Inquiry 🗵	
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o DEPUTY necessary, please the funeral direct 5 may be retaine o FUNERAL DIRE. Health prior to		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	
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FOR STATE	-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01222
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S S S S		(Type or Print) MAGID ABCAHAM NOVE OF ESTI-DEATH MATED 1-2	7 1968 7 AM
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farm form te Depart		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH UNITY)	
th fare		CITY OR TOWN OF DEATH AME WIDOWED DIVORCED MONTGOMER II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120. USUAL OCCUPATION (Kind of work done 121)	Md.
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	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Williams Middle	Lost
hin ncil nine page hau		2. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 1405 PITAL RECORD	
	1	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Insufficiency	APPROXIMATE INTERVAL BETWEEN ONSET AND OEATH
d be executed "pending" Chief Medical rransit permit.		412 9 DUE TO, OR AS A CONSEQUENCE OF	
d be d 'pe Chief transit		(anditions, if ony, which gave rise to immediate cause (o). (b) Arteriosclerotic Heart Disease (b) DUE TO, OR AS A CONSEQUENCE OF	
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3 a fair Se	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
ICAL E) executor. Paged far y CTOR: P		22a. I certify that I took charge of the remains described above, held an Autopsy M. Inspection M. Inquiry	ond in my opinion
Se e ector ined ined ector o bu	3	death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner]
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1968

IF UNDER 24 HRS.

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518 Addys SUCKERMAN WASHINGTON, D INTERVAL BETWEEN ONSET AND DEATH 19. WAS AUTOPSY PERFORMED? NO (State) (County) ot wark at wark 20, 19 67, to 1 123 . 1968, that (1) (we) lost 21. I certify that (I) (this hospital) attended the deceased from ond that death occurred at saw_the_deceased alive an M, fram causes and on the dote stated above. 19 220 SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 230. BURIAL, CREMATION, 23d / LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 1/26/68 WASHINGTON DOCORREGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR WASHINGTON . D

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01227 01224 CERTIFICATE OF DEATH last 20 DATE OF DEATH DECEASED-NAME requires that the death certificate be executed within 24 haurs after death mt. Inen please remove carban papers. Pagés Fadd ar remaval, and in any event, within 72 haurs after death (Type or print) Month William Mahaffey Ray 1968 January 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX lost birthday) DAYS HOURS Male White March 7, 1963 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED physician and campletely filled in West Virginia USA WIDOWED | DIVORCED [Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY attending physician una companion nermit. Then please remove carban Bethesda Center 13c CITY OR TOWN 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE West Virginia 13b COUNTY NO Beckley 205 Earhart Street 14 FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle last William E. Mahaffey Kathryn Lois Powledge 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. The Medical Records Address Yes, no, or unknown) The Clinical Center, Bethesda, Maryland None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Gram-negativ BETWEEN ONSET AND DEATH Gram-negative septicemia days permit. director, page 3 should be detached far use as the burial-transit pem should be filed with the State Dept. af Health priar ta burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave (b) Bronchopneumonia signed by the burial-transit p 2 months rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause (c) Wiskott-Aldrich Syndrome 4 years PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Paralysis due to subdural hematoma. (1-1/2 years) O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? Yes YES K 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 22a. I certify that (1) (this hospital) ottended the deceosed from April 21 , 1966 , to January 10 1968 , that (1) (we) lost saw the deceosed glive an January 10 1968, and that in (1948) (our) opinion death occurred on the date and hour and from the causes stoted abave, 00 (we) (did) (dichest) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 10 January 1968 nann MD DEGREE x 22e. ADDRESSThe Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland Thomas Waldmann, MD 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION REMOVAL (Specify) 1/11/68 Hampton, Virginia 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) Falls Church F. H., Falls Church, Va. 30M REV. 1/68

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Morrisville Cemetery

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Morrisville, Va.

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TO FUNERAL DIRECTOR: VR A15 (4) 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. JADWIR (Type or Print) ESTI-2, and 3 to PM3. Poge MC CABE James R. 125W DEATH MATED Jan. 6. AGE (In years IF UNDER 1 YEAR 4. RACE IE LINDER 24 HRS Deportment 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOWRI Nov.28. Male Canc 1928 39 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED WNEVER MARRIED 9. COUNTY OF DEATH icate, writing the word "pending" in pencil in Item 18. Give Poges 1, be farworded to the Chief Medical Exominer's Office along with form Kansas WIDOWED [DIVORCED [Montgomery State [USA Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Hospital during most of working life, even if retired.)
Captain Air Force INDUSTRY the Bethesda deoth. 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO U.S. Air Force Base Dover lond 2 ofter (14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Inst MC CABE Ida James R. hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS be executed within (Yes, no, or unknown) Navy/Air Force Records les File APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) IMMEDIATE CAUSE (0) EPICIUIAI, Suborach noid (Inter core bra) BETWEEN ONSET AND DEATHpermit. PART I. DEATH WAS CAUSED BY event DUE TO, OR AS A CONSEQUENCE OF burial-tronsit emorrhoge-Conditions, if ony, which gove rise to immediate couse (a). shauld ONY DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse +50m. Fall in בברתנוגלא certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removol CERTIFICATION 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) should should PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town 21e. PLACE OF INJURY (At home, form, street, County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 31.S. AITTORCE-Base-Hirspital Inquiry X 22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X ond in my opinion Accident X Homicide deoth resulted fram: Natural causes Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE. DEPUTY MEDICAL EXAMINER EXAMINER'S may NAME (Type) John G. Ball. M. D. ADDRESS(Street, city, town, or county) 0 230. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Rem. 1/17/68 13015e 24. FUNERAL DIRECTOR alls Church Funeral Homes 230. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1102 West Broad Street, Falls Church, Virginia DATEJAN 10M REV. 1/68

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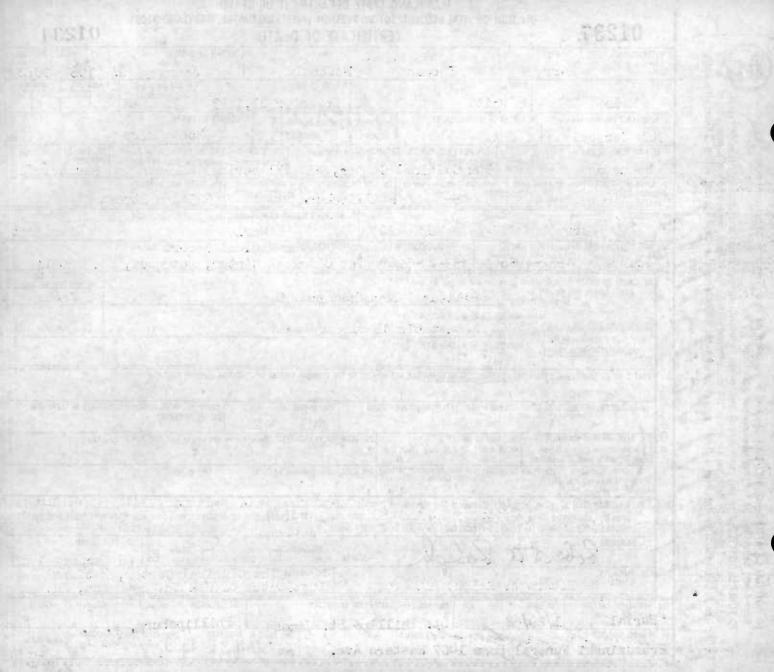
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01234 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost First 2a. DATE OF DEATH death (Type or print) Month Harry McDonald Thomas January 72 hours after 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX IF UNDER 1 YEAR last birthday) White Male November 23,1933 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Montgomery IISA WIDOWED [DIVORCED [7] New Jersey 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street address). The Clinical during most of working life, even if retired.) Electrical Lineman INDUSTRY burial, crematian, ar removal, and in any event, with and campletely f remave carban Bethesda Center. NIH Electrical 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY HMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE New Jersey 13b. COUNTY YES -NOF Phillipsburg Ann Street 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Harry McDonald Marie Wieghorst 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes no or unknown) (If yes give war or dates of service) 153-20-3269 The Clinical Center, Bethesda, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. Bilateral Bronchopneumonia 6 Weeks IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave) Metastatic Choriocarcinoma 1 Year rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES 🗌 NO 🔀 ed far use of Health p O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, notify medical exominer) P.M be detached State Dept. c 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while at work 220. I certify that (t) (this hospital) attended the deceased from November 6, 19 67, to January 2419 68, that (1) sow the deceased glive on January 24 1968, and that in (1904) (our) opinion death occurred on the date and hour and from the directar, page 3 shauld should be filed with the couses stoted obove, (*) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. **ATTENDING** DEGREE DIRECTOR January 1968 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Robert A. Ralph. MD. Institutes of Health, Bethesda, Md. 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEMOYAL (Specify) 1/29/68 Phillipsburg Sta Phillips St 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) Funeral Home 1407 Eastern Ave. 30M REV, 1/68 Bruzdzinsk



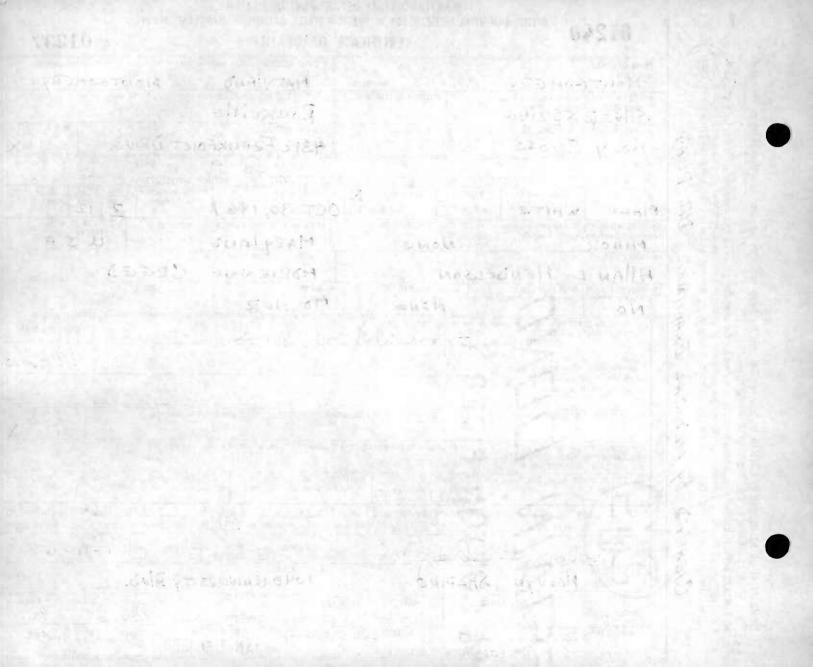
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01235 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) January Mary Virginia Moyarity 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthdoy) HOURS Female White Dec-13 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [WIDOWED [7] 120. USUAL OCCUPATION (kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) Cross during most of working life, even if retired.) **INDUSTRY** Silver Spring 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed odroission) STATE 13b. COUNTY 109 Williamsburg Dr. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Moore Howard 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, noter unknown) (If yes give war or dates of service) 579-44-0045B Ralph H. 109 Williamsburg 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
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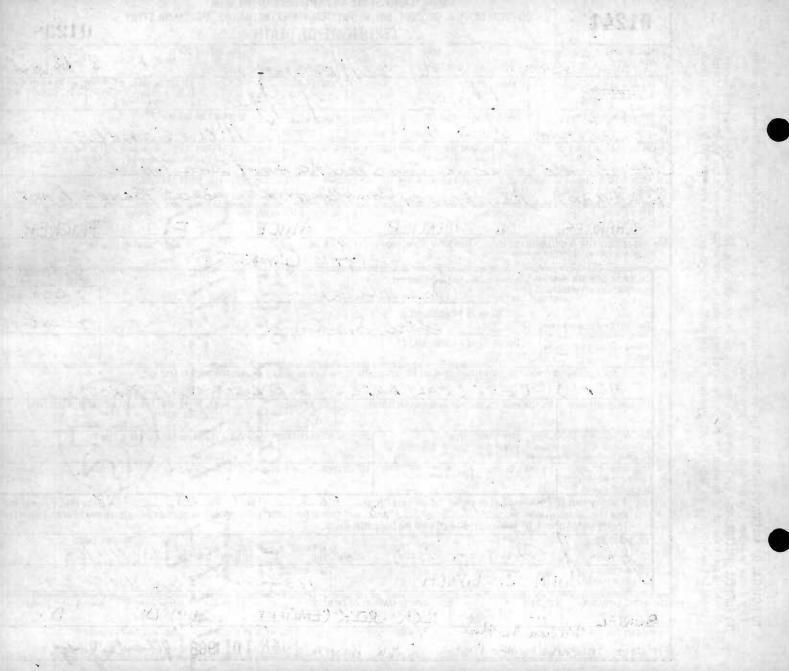
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01240 01237 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) · COUNTY UTGOMERY MONTGOMERY MARYLAND and campletely filled in by the remave carban papers. Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) lease remave carban papers. Pages and in any event, within 72 haurs aft b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b RURAL and give nearest town) ROCKVILLE d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 4312 FRANKFORT DRIVE CROSS YES NO X NAME OF 4. DATE First Middle Lost Doy Year DECEASED MENDELSON January 19 68 (Type or print) ANDREW T, YN DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) U, MALE OCT. 30, 196 WHITE WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) NONE MARYLAND MINOT 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, CREED HDRIENNE MENDELSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address MOTHER NONE 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by attending physician. DUE TO Conditions, if ony, which gove nse to immediate couse (o), DUE TO stoting the underlying couse certificate has been prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) detached far use te Dept. af Health NO X Page 4 may be retained by the haspital ar OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Doy, Yeor O FUNERAL DIRECTOR: After this foctory, street, office bldg., etc.) Not While pe 21. I certify that (1) (this haspital) attended the deceased from 1-10, 1968, to 1-11, 1968, that (1) (we) lost saw the deceased alive an 1-10, 1968, and that death occurred at 724a, M, from causes and on the date stated obove. directar, page 3 shauld should be filed with the 22b. DATE SIGNED 22o. SIGNATURE 1-11-68 DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S SHAPIRO 1040 UNIVERSITY BIVD. NAME (Type) HEL 23d. LOCATION (City or Town) (Stote) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION. 23b. DATE THEREOF REMOYAL (Specify) King David Memorial Garden Falls Church Va. 1/12/68 ADDRESS 232 Carroll 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Donald M. Stein VR A15 (4) 25M 1/67 DATE JAN 15 196B Wash., D. C. Hebrew Memorial Funeral Home



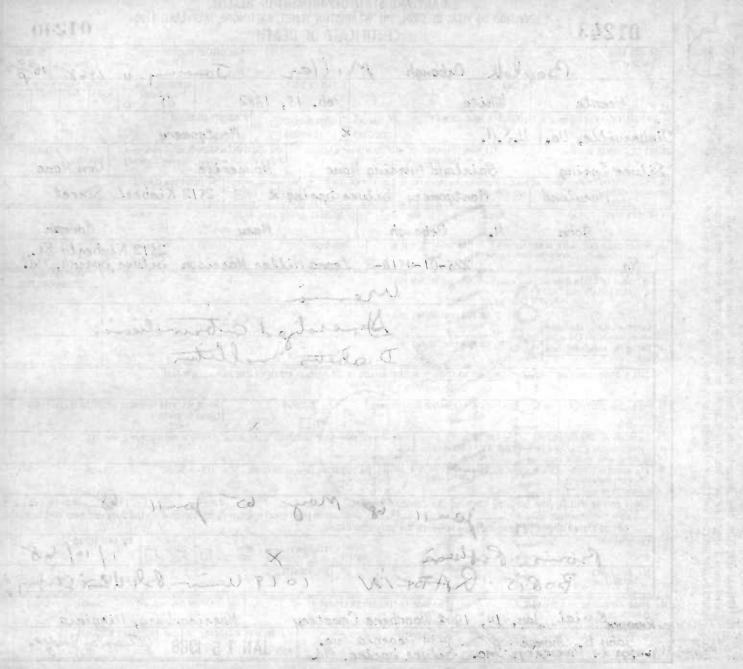
		1	MARTLAND STATE DEPARTMENT OF HEALTH	
		-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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	requires that the deoth certificate be executed within 24 hours after death g physician. signed by the attending physician and completely filled in by the funeral solutiol-transit permit. Then please remove carbon objers. Pages 1 and 2 buriol, crematian, or removal, and in any event, within 72 hours after death oburiol, crematian.	11	HEVY CHASE STHESSA-SILVER SPRING NEW HORE SCHOOL SEACHER	INDUSTRY
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	A For The He		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	10.)
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	OR ATTENDING PHYSICIAN be retained by the hospital o JIRECTOR: After this certificat e 3 should be detached for ed with the State Dept. of Hec		While Not while at work OFFICE BUILDING, ETC.	
	ter tat		22a. I certify that (I) (this-hospital) attended the deceased from FE/3, 1967, ta 1/8, 1965 saw the deceased alive an 1/7 1965, and that in (my) (aur) apinian death accurred an the date of	, that (I) (we) last
	d the Second	100	saw the deceased alive an 1/7 1960, and that in (my) (aur) apinian death accurred an the date of	and haur and fram the
	O Soll the		causes stated abave, (I) (we) (did) (did not) view the bady after death.	
	Mit Spirit	10	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE	SIGNED
	ed of ed of		John & Lynch M. J. DEGREE PHYS. DIRECTOR DIRECTOR 1/9	1/68
	A Figure 4		228 PHYSICIAN'S (22e. ADDRESS 22e. ADDRESS 2	
10-5-11	d be		NAME (Type) JOHN J. LYNCH 1234-19 STNW. WAS	SA D.C.
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health priar to buriol, cre-	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (C	Caunty) (Stote)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to	1	SEMOVAL (Specify) JAN 11,1968 ROCK CREEK CEMETERY WASHINGTON,	O.C.
100.7		24.	FUNERAL DIRECTOR William M. From ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	NATURE
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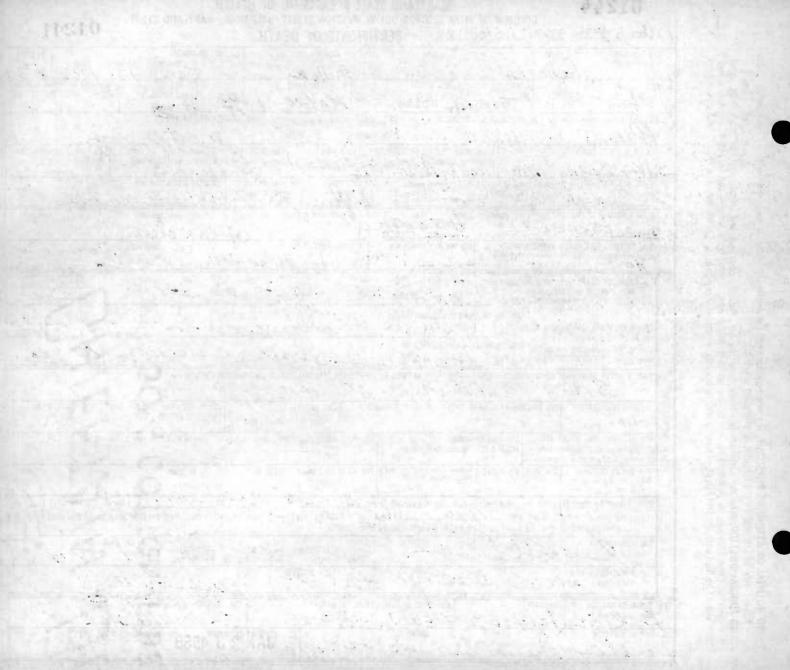


MARYLAND STATE DEPARTMENT OF HEALTH 01242 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01239 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR ter death. unero puo Month 50 S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 24 hours often last birthday) DAYS HOURS burial, cremotion, or removal, ond in ony event, within 72 hours at YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 12 NEVER MARRIED .⊆ country) DIVORCED WIDOWED men MONTROMER fill ed 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Within give street oddress) INDUSTRY during most of working life, even if retired.) and completely remove car 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before, 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13 COUNTY YES NO 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle SCHOOL physicion c 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMAN Yes, no, or unknown) (If yes give war or dates of service) 16 626 attending phys 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if any, which gove) burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) director, page 3 shauld be detoched for use as the should be filed with the Stote Dept. of Heolth prior to hos been TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate Page 4 moy be retoined by the hospital or 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day detoched P.M (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceosed from , 19 6 7, 19 6 8, that (I) (we) lost saw the deceased alive an 19 6 8, one that in (my) (our) apinion death occurred an the date and haur and from the (we) (did not) view the bady after death. couses stoted obove, (I) 22b. SIGNATURE DATE SIGNED **ATTENDING** MED STAFF an 18, 1968 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Boris Rabkin 1019 Universty Blvd. Silver Spring, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (State) (County) REMOYAL (Specify) January 22,1968 Ft. Lincoln Cemetery Colmar Manor Prince George'sMd. 250. REPLA BY RIGISTIAR 1906. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR F. Gaschs Sons VR A15 (4) 30M REV. 1/68 4739Baltimore Ave. Hyattsville Mid.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01240 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 2n. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death. pug (Type or print) Month Day 30 Year Ozbanah 4. RACE 5. DATE OF BIRTH IF LINDER 24 HRS 3. SEX 6. AGE (In IF UNDER 1 YEAR attending physician and campletely filled in by the toermit. Then please remave carban papers. Pages lost bigthdoy) ZHTHOM DAYS HOURS White 9eb. 15. 1882 gemale. oan papers. Pag within 72 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Montgomery WIDOWED PC DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) HOUSTRY Home during most of working life, even if retired.) please remave carban Silver Spring Fairland Nursina Home Housewite and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER odmission) STATEMaryland 13b. COUNTMONTGOMERY 2512 Kimberly Street Silver Springs X NO F 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle John Mary Bowman Orbanah 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, or unknown) (If yes give war or dates of service) remayal, 225-01-4816-0 Leona Miller 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. 6 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) burial-transit cremat rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) priar ta l be retained by the haspital ar attending this certificate has been as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year o d P.M. (If either, natify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1965, ta 1965, ta 1965, ta saw the deceased alive an 1966, and that in (no) (aur) apinian death occurred an the date and haur and from the TO FUNERAL DIRECTOR: After shauld causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DEGREE PHYS DIRECTOR TO HOSPITAL Page 4 may b 22e. ADDRESS 22d. PHYSICIAN'S director, pa shauld be f BOR NAME (Type) 10 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) Woodbine Cemetery Harrisonburg. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 DATE JAN 5 1968 Pumprikey. Inc.





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14 horse of	5 /	2	ouis A. Belsky Bessie E Kassier	
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with with xan	7,	- (1/16. 92.703
	10		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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CAL EXAMINER: execute the cert or. Page 4 should do your files. TOR: Page 3 should remarial cremation		N	WHILE NOT WHILE factory, office building, etc.)	county Stote
	, 10		22a. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apinian
bepury JICAL E) sessory, pleose execut e funerol director. Pag moy be retained for y FUNERAL DIRECTOR:P			death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
pleose direct direct DIRECT DIRECT	2	43	CHIEF MEDICAL EXAMINER	
ry, ple erol di se ret	5		ACTUAL SIGNATURE John S. Ball M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	ONED
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TO DEPUTY necessory, the funero 5 moy be TO FUNERA	20	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	County) (State)
	0	Ct		D.C.
VR A15ME (5)	1	24.	FUNERAL DIRECTOR / ADDRESS 250 REC'D BY REGISTRAR 1.25b REGISTRAR'S SIG	NATURE Judge
10M REV. 1/68		6.9	ernard Danzansky & SONS D.C. 20010 DATE JAN 29 1368 July 501-14 46 St. N.W. Wesh. D.C. 20010	0 0

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01244 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME Lost 2b. HOUR (Type or print) Month (In yeors birthday) S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX **MDNTHS** DAYS HOURS hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [directar, page 3 should be detached far use as the burial-transit permit. Then please remave carban paper should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 24 campletely filled ID. CITY OR HOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address rast of workin rife; even if raired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e TREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY YES 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle and physician (16a. WAS DECEASED EVER WUS. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT Address Yes, no eranknown) (If yes give war or egtes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit Canditians, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO DE be retained by the haspital ar 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County Stote While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from TAN 8 , 19.68, to TAN 14 , 19.68 saw the deceased alive an JAN 19 68, and that in (my) (our) apinian death accurred an the date and haur and fram the causer stated abave; (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 220 DATE SIGNED MED. DIRECTOR STAFF PHYS. ATTENDING DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) JOSEPH D. CONNOR GEORGE TOWN NAME OF CEMETERY OF CREMATORY CEMETERY 23a. BURIAL, CREMATION, 1-17-68 Carolin BREMOYAR Shecify) Pumphrey 7557 Wisconsin Ave VR A15 (4) 30M REV. 1/68 Betherda, Md

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MARYLAND STATE DEPARTMENT OF HEALTH 01243 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01245 2b. HOUR P DECEASED-NAME First Middle Last 2a. DATE OF DEATH within 24 hours after deoth. (Type or print) DORIS E MORRISON 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) FEMALE CAU 5-3-18 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED Virginia USA WIDOWED DIVORCED within 72 MONTGOMERY filled ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address INDUSTRY BETHESDA burial, cremation, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE 13b. COUNTY 3330 ERIE ST. S.E. 13e. STREET AND NUMBER 13b. COUNTY 3330 YES TO 3330--Erie St., SE 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last requires that the death certificate be James Weeks Bertha Fowler M . physician c 16b. SOCIAL SECURITY NO. Sister Address Austin, Rexas 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (If yes give war or dates of service) Yes, na. ar unknawn) Edith J. White 5206-Buffalo Pass 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: (A) LAENNEC s CIRRHOSIS wonown DUE TO, OR AS A CONSEQUENCE SPEXSANGUINATION SECONDARY TO Canditians, if any, which gave) signed by the burial-tronsit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF B) ESOPHEAGEAL VERICOSITIES stating the underlying causes 4yrs PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO T YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from <u>JAN 5</u>, 19<u>68</u>, ta<u>JAN 8</u>, 19<u>68</u>, that (1) (we) last saw the deceased alive on <u>JAN 8</u>, 19<u>68</u>, and that in (my) (aur) apinian death accurred on the date and haur and from the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DAJE SIGNEN. 1968 MED. DIRECTOR ATTENDING DEGREE PHYS 22d. PHYSICIAN'S ADDRESS NAVAL HOSPITAL, BETHESDA, MD. S. CRUMMY NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) ARLINGTON NATIONAL CEMETERY ARLINGTON. VA. 16 PREGOOD HOPE RD. 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) BROTHERS FUNERAL HOME 30M REV. 1/68 S.E. WASH. D. COATS AN

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 61250 01246 CERTIFICATE OF DEATH DECEASED-NAME Middle First Lost 2o. DATE OF DEATH 2b. HOUR burial-transit permit. Then please remove carban papers. Pages 1 and 3 burial, cremation, ar removal, and in any event, within 72 haurs after death funeral puo (Type or print) Month 27 Doy 68 Year JAN 1235 M ATILOA URR after 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years by III. Pages DAYS lost birthdoy) HOURS WHITE 66 YRS. 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? requires that the death certificate be executed within 24 haur 8. MARRIED NEVER MARRIED country) and campletely filled in 4.5. WIDOWED [DIVORCED [MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life; even if retired.) SILVER SPRING 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. odmission) STATE 13b (13b) (15c) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER CITY OR, TOWN NO T Middle 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First 3 AME LOSI 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or onknown) (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o), Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO Tel FUNERAL DIRECTOR: After this certificate irector, page 3 should be detached for up 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Month Doy Yeor OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Town County Stote While Not while of work ot work 10, 19 6/, 10 22a. I certify that (1) (this haspital) attended the deceased framsaw the deceased alive an Jan. _19 LC, and that in (my) (our) opinion death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) GRAZIANI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b DATE (County) (Stote) WHEATON 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) ST NU DATE JAN 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01247 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR within 24 hours after death (Type or print) and in any event, within 72 haurs after 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED remave carban papers. country) campletely filled in WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of working life, even if retired.) tired Lawyer 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY MON YES 🔽 NO T 14. FATHER'S NAME Middle S. MOTHER'S MAIDEN NAME First Middle First Last pup Neaceu amos physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES WWI 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) Gertrude Neaceu Chevy Chase. cremation, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: tallmerial Meler IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20o. AUTOPSY? has CAUSES OF DEATH? YES [of Health FUNERAL DIRECTOR: After this certificate Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) otterided the deceased from 7/10 19.67 to 1/20 1968, and that in (my) (our) opinion death occurred an the date and hour and fram the saw the deceased alive on_ director, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Winconson Thomas O'Connor 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) (State) REMOVAL (Specify) Fort Lincoln Cemetery Prince George 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1968 5 DATE JAN 30M REV. 1/68 Silver Spring

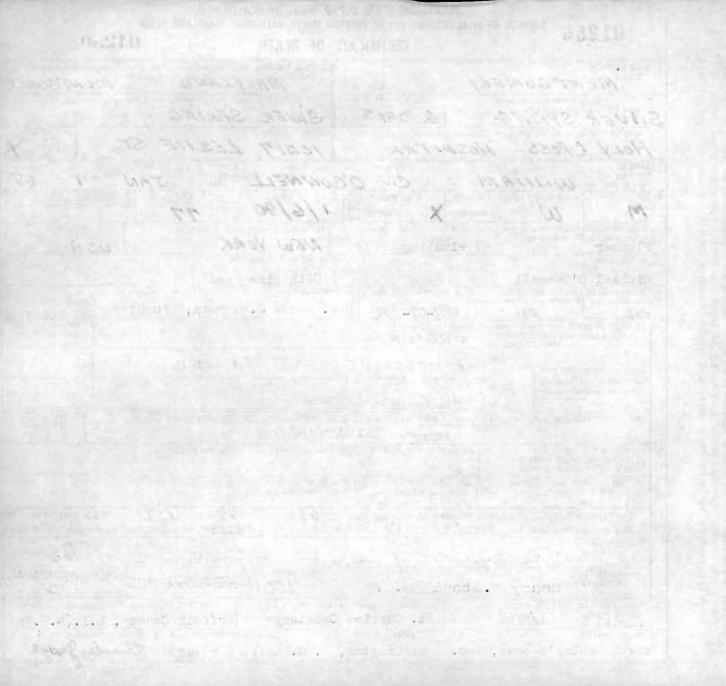
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	22c. PHYSICIAN NAME (Typ	oe) E	lenry				10	0011	SEOTO		104	SILVE	ND	
L	o. BURIAL, CREMAT REMOVAL (Speci Burial	ifγ)	23b. DATE TH 1/4/68				Cemetery		Suffe Suffe		unty,	L.I.	N.Y.	state)
	4. FUNERAL DIRECT		's Sons	, Inc.	ADDRESS Washin	gton,	D. C.					aks signali		2,

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban popers. Pages 1 ond 2 should be filled with the Stote Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 hours ofter deoth. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Poge 4 moy be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



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deoth.		ECEASED-NAME First (ype or print) JULIA!	N MEADE OSBORNE		Last	2a. DATE OF JAN		1968°	2b. HOUR 850P
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pnysicion. signed by the puriol-tronsit puriol, crematic		Conditians, if any, which gave rise to immediate cause (a), stating the underlying couse last.	(b)						
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o d	MEDICAL CE	21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH { f either, natify medicol examiner}	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19		OW INJURY OCCURRED (En		y in Part 1 ar Part 2,	Item 18.)	
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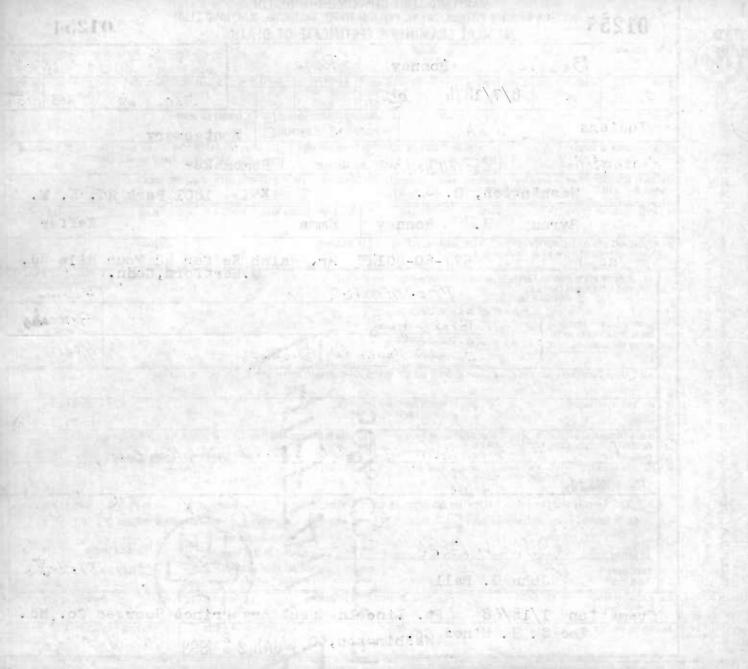
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,	1	MARTLAND STATE DEPARTMENT OF HEALTH	
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital ar attending physician. JIRECTOR: After this certificate has been signed by the attending physician and campletely fills a shauld be detached far use as the burial-transit permit. Then please remave carban be a shauld be detached far use as the burial-transit permit. Then please remave carban be edwith the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within	1	A. FATHER'S NAME First Middle Middle IS. MOTHER'S MAIDEN NAME First Middle	Lost
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ifico nysia al, a		Yes, no, ar unknown) (If yes give war or dotes of service) 217-30-0185 June Western Rockrie	IN m. B
g pł Ther mov		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
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AG the de		22a. I certify that (I) (this hospital) attended the deseased from June, 1967, to 1968)/ Ab (IV / VI
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OR: in the second secon		couses stored abave, (1) (we) (did) (did not) view the body after death.	a moor und mann mo
reformation with with		226. SIGNATURE ATTENDING MED. STAFF 22c. DAJE'S	GNED
		DEGREE PHYS. DIRECTOR PHYS.	168
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transtrould be filed with the State Dept. af Health priar to burial, creating the principle of the purial of th		22d. PHYSICIAN'S NAME (Type) MARVIN WADLER 22e. ADDRESS 18 Wise, Av, Be	the year
O HOSPII Page 4 m O FUNER, director,	23a	ia. BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY - 23d LOCATION (City or Town) (Cau	nty) (State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01254 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH/DEPT 1. DECEASED-NAME (Type ar Print) Lost 20. DATE KNOWN 2b. HOUR Page ESTI-Bessie. Bonney Page 196X DEATH MATED S. DATE OF BIRTH 8/7/1874 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX DATE PRONOLINCED DEAD 2d. HOUR Fe. 1968 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country)Indiana WIDOWED X DIVORCED [Montgomery pencil in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Garroll Hall Not sing Home. during most of working life, even if retired.) INDUSTRY poges 1 and 2 with the Kensington. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befase 13c. CITY OR TOWN admission) STATE Washi How D. C. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Washiligewh. D. 1801 Park Rd. N. W. YES NO ofter 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME Middle Keffer Byron W. Bonney Emma hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, na, ar unknawn) Mr. Ralph Keffer 42 Four Mile Rd.
W. Hartford, Conn. | APPROXIMATE INTERVAL 7-60-801LT within 72 2 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: neumoniz-IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Carolio Varrelas PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO X 3 should be 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING CAUSE OF DEATH NOV-11 1967 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Town County foctory, affice building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection . Inquiry X and in my apinian Natural causes , Accident , death resulted fram: Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. Jan. 18, 1968 5 moy by TO FUNER. DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball ADDRESS(Street, city, town, or county) NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 1/18/68 Ft. Lincoln Crematory Prince Georges Co. Md. on 24. FUNERAL DIRECTOR The GoADDRESS Washington, DC 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE S. H. Hines VR A15ME (5) 10M REV. 1/68



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FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	259
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		(Type or Print)	Year 2b. HOUR
Pag 3	1 3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c, DATE PRONOUNCED DEAD	2d. HOUR
ny delay is 2, and 3 ta PM3. Page	/)	MALE WHITE 10-23-19 (ast bytholay) MONTHS CAYS HOURS MIN. Month / Doy / 4 Year	601013
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age age th fa		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done) 12b. KIND	OF BUSINESS OR
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s after 18. Giv along 2 with 1 death.	130	a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 1ad. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	\
18. 18. 2 w deed	5	odmission) STATE /ND. 136. COUNTY MONT. 5.5. YES NO 12505 BUSHEY.	DR.
INER: This certificate shauld be executed within 24 hours after death any delibre certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and shauld be farwarded to the Chief Medical Examiner's Office along with farm PM3. files. 3 should be used as a burial-transit permit. File pages land 2 with the State Departmention, ar remayal, and in any event within 72 haurs after death.	14.	FATHER'S NAME First Middle Lost Parsons IS. MOTHER'S MAIDEN NAME First Middle Parsons Dolly Mar Rosencran	Last 1.5
thin 24 encil in miner's pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
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l be I "p Chief rans		Conditions, if ony, which gave rise to immediate couse (o), (b) Coronary Artery Heart Disease	
aulo word he (ial-t		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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TO DEPUTY SICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) ISELDEN K. KEAP IN.D. ADDRY MISSELLIN (TOUTHOUTH)	1 100
D C = NO =	230 E	Burial (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial 1/18/68 Baltimore National Baltimore Balt.	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH 01264 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01260 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR First signed by the attending physicion ond completely filled in by the fundral buriol-transit permit. Then please remove corbon popers. Pages Land 2 burial, cremation, or removal, ond in ony event, within 72 hours after degith (Type or print) Month Charles (None) Pavelka 3:55 M the funer January 7968 6. AGE (In years IF UNDER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH Poges lost birthday) HOURS Male White 6 September 1910 requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED | Czechoslovakia Montgomery Canada 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)
Shipping Receiver INDUSTRY Bethesda The Clinical Center, NIH Steel 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY 231 McNab Street South YES X NO T Canada Ontario C Hamilton 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last Charles Pavelka Albertina Cernochova 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes, po, or unknown) (If yes give wor or dates of service) The Clinical Center, Bethesda, Maryland None 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Heart Fail BETWEEN ONSET AND DEATH 2 months Heart Failure DUE TO. OR AS A CONSEQUENCE OF Canditians, if any, which gave (b) Bacterial Endocarditis 21 months rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Rheumatic heart disease status post Poge 4 moy be retoined by the hospital or attending physician. stating the underlying couse a aortic and mitral valve replacement vears PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Nat while at work 22a. I certify that (N) (this haspital) attended the deceased from Dec. 26, 1967, to Jan. 29, 1968, that (N) (we) last saw the deceased alive an Jan. 29, 1968, and that in (My) (aur) apinian death accurred an the date and haur and from the causes stated abave, (X) (we) (did) (X(X) X(X) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Clamer Ma DEGREE January 30.1968 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Willis H. Williams, M.D. Institutes of Health, Bethesda, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23b. DATE 23a. BURIAL, CREMATION, Bur-Transit Ontario, Canada Holy Sepulcher 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home VR A15 (4) 30M REV. 1/68 1331 Rockville Pike, Rockville, Md. DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01261 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE **IEALTH DEPT.** 1. DECEASED-NAME First Middle Last 2a. DATE KNOWN DC Month Day Year (Type or Print) ESTI-Poge 24 3:15 Jan. 1968 DEATH MATED Dorothy Beach Peirce AGE (In years IF LINDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR and PM3 6 birthday) HOURS 4:30p Month Jan Day 24 68 Female White 5/25/91 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED T NEVER MARRIED U.S.A. conn. DIVORCED WIDOWED Montgomerv Stat with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Chiswick Court during most of working life, even if retired.) INDUSTRY Silver Spring Give Own Home along 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STRFFT AND NUMBER with deoth. 13b. COUNTY Montgomery odmission) STATEMaryland in Item 18. Silver SpringES Nok 3378 Chiswick Court land 2 after 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME Middle Last Borothexx Jenny Isaac Eaton Beach Davis Exominer's pages hours within pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, ar unknown) taken from records Montgomery General Hospital 578-62-4954 unknown File APPROXIMATE INTERVAL 0 within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b). and (c).) permit. BETWEEN ONSET AND DEATH Medicol PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF urial-tronsit Canditians, if any, which gave rise to immediate cause (a). should writing the word dny A PONSFOLIENCE OF stating the underlying cause the .= 0 puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removol. CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES [pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 0 0 HOUR A.M shoul MEDICAL PRIMARY OR CONTRIBUTING cremotian, 19 CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) DIRECTOR: Poge NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian Inquiry Natural causes death resulted from Recident retoined Suicide Hamicide Undetermined manner 98090 CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL funeral SIGNATURE DEPUTY MEDICAL FXAMING 5 moy ro FUNE Health **EXAMINER'S** (dwn or county) NAME (Type) Belden R. Reap. M.D. 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Sincoln Crematory emation George 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) Silver Oprina 10M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01264 and 2 death. 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) Month Vinney Wayne Poole January 1968 the fu 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF LINDER I YEAR IF LINDER 24 HRS requires that the death certificate be executed within 24 haurs after lost birthdov) DAYS HOURS White 23December 1966 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country)South Carolina the attending physician and campletely filled in sit permit. Then please remove carban papers. please remove carban papers. USA WIDOWED | DIVORCED [Montgomery within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Bethesda none ar removal, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE Salley NO Route 1 Box 1768 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Smith Bobby Poole 17. INFORMANT Medical 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (If yes give war or dates of service) Yes, no. or unknown) linical Center Bethesda. Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

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FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
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112	REMOVAL (Specify) Burial 1-10-1968 Arlington Nat'l. Cemetery Arlington, Va. 24. FUNERAL DIRECTOR FIZ CADDRESS AND W. W. 250. REC'D BY REGISTRAR 255. RECISTRAR'S SIG	NATURE
VR A15ME (5)	Joseph Gawler's Sons, Inc. 5130 DESC. Ave. N. W. 250. RECTO BY REGISTRAR 1968 FLORE JAN 15 1968	les judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. Page 4 may be retained by the hospital ar ottending physician.

CERTIFICATE OF DEATH

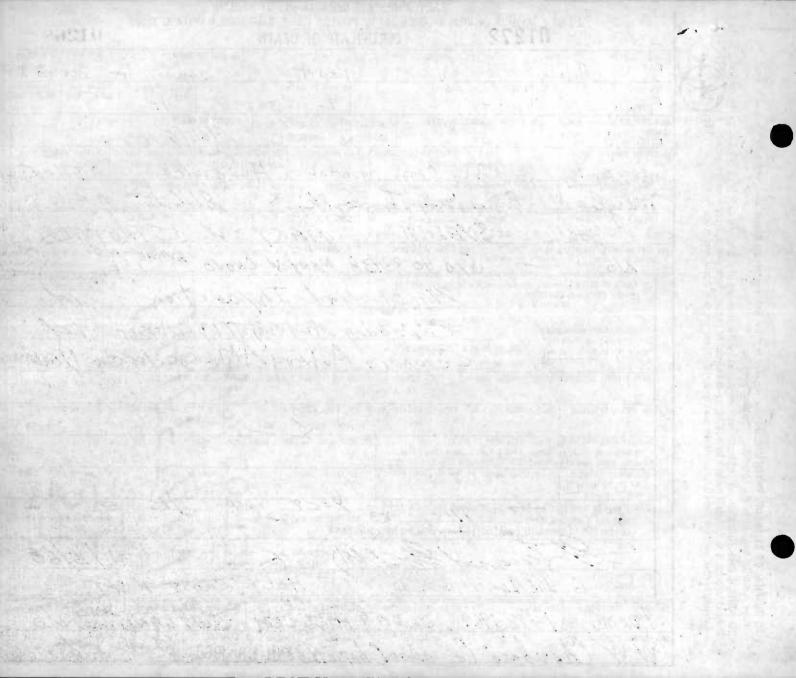
Real.	L			CERTI	TOTAL OF	DEMIII			U	んしむ	
ded)		PLACE OF DEATH					Where deceosed live	d, if institutio	n: Residence	before odmiss	sion)
DIE CIDA		o. COUNTY N	lontgomery	MΔI	RYLAND 0.	STATE Ma:	ryland	b. COUNT	Mont	gome r	V
	1	b. CITY OR TOWN	(If outside carporate limits.	c. LENGTH OF STAY			itside corporate limi	s, write RURA	AL and give no	eorest town)	<u> </u>
	П	Dawson	nd give neorest town)	3 years		Dawson			3	,	
	1		TAL OR INSTITUTION (If not in			REET ADDRESS	ATTIE			e. IS RES	IDENCE
> (2		and Road	maspinar, give sheet oddress,	d. 31		land Ro	ad		ON A	FARM?
		NAME OF	First	Middle		Last	4. DATE	Month		Doy y	ear
4		DECEASED (Type or print)	ROBERT	r E. PRI	EST, SI	r.	OF DEATH	Ja	n. 1	• 19	68
	, 5	. SEX		MARRIED NEVER MARRI		E OF BIRTH	9. AGE	(In yeors	IF UNDER 1 YI	AR IF UNDE	R 24 HRS.
	41	Male	White	WIDOWED DIVORCE	Dec.	21,19	$\frac{17}{50}$	birthdoy) yrs.	Months D	oys Hours	Min.
			N (Give kind of work done	10b. KIND OF BUSINESS OR			& Stote, or foreign co		12. CITIZE	N OF WHAT	
		uring most of working	life, even if retired) e Contracto	INDUSTRY	T	Penna.			COUN	U. S	
		3. FATHER'S NAME	e Contracto) F.		MOTHER'S MAIDEN N	NAME		1	U. S	
		Pe ro	cy Priest				phine S	haw			
	-		ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORM			Addres	,		
		Yes, no, or unknown)	(If yes give wor or dotes of see	rvice)		h Pries		me as		1 2	
	-	Yes.	I WW II	175-01-963	3 146	II TITES	L	ine ar	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		18. CAUSE OF D	PEATH (Enter only one couse p ATH WAS CAUSED BY:	14.4	100	1				ONSET AND	
		1 1 1 - 3	IMMEDIATE CAUSE (o)	Myread	res p	efaces	u		- 4	Thu	
		4/80	DUE TO	1. 0- 1.	1- 1.	1 00	(1011	1
		Conditions, if ony	te couse (a)	allees de	ester of	eart	eran			1964	
		stoting the unde									
		lost.) (c)								
	1	PART II. OTHER S	IGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RI	LATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN IN P	ART 1(o)		19. WAS AU PERFOR	TOPSY MED?
(3	F	4201								YES 🗌	NO 🔀
	CEDITEICATION	20o. ACCIDENT WA		20b. DESCRIBE HOW INJURY	OCCURRED. (Enter n	oture of injury in I	Port I or Port II of	tem 18.)			
			G CAUSE OF DEATH MEDICAL EXAMINER)								
	MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yeor	20d. INJURY OCCURRED		NJURY (Home, form		or town)	(County	()	(Stote)
	144	Hour o.	m. m. 19	While Not While of work	foctory, stre	eet, office bldg., etc.)					
				attended the deceased	from &	ili 1	952, to	reno	19	, that (I)	(we) las
			eceased alive on we	4 1967		h accurred at			ind an the		
		220. SIGNATURE							22b. DATE	SIGNED	
	1	1 90	(Ma 1 Higens	d .		TENDING IVS.	MED. DIRECTOR	STAFF PHYS.	1-1-	-68	
		22c. PHYSICIAN'S					.0400 Co		1770		-
-		NAME (Type	GEORGE S	HARPE		K	ensingt	on. I	larvla	and	
	7	3o. BURIAL, CREMATI	ON, 23b. DATE THEREO	F 23c. NAME OF CEN	METERY OR CREMAT		23d. LOCATION				(Stote)
1	1	Burial (Specif			town Ce				n, Mar		
1	1	24. FUNERAL DIRECTO		ADDRESS	201111 00		BY REGISTRAR		ISTRAR'S SIGN		
1	DR	OBERT A		Bethesda, 1	Marylan			68	Chart	By Joseph	100
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MARYLAND STATE DEPARTMENT OF HEALTH 01271 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01267 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR after deoth (Type ar print) Manth Yeor William Harrison 68 PROVANCE January 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthday) MONTHS DAYS burial-transit permit. Then pleose remove corbon papers. Pages burial, cremotion, or removol, and in any event, within 72 haurs aft Male Caucasian 28 MAY 7927 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED ANEVER MARRIED Pennsylvania United States WIDOWED DIVORCED | Montgomery completely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital. 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) give street oddress). NAVAL INDUSTRY Bethesda 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. COUNTY Montgomery YES T NO T 7525 Spring Lake Drive Bethesda 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost Thomas PROVANCE Paul Mary Dirotha MAUST physician o 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Bethesda, Md. Yes no or unknown) 7DEC37-31JAN58 385 26 5727 Mary K. PROVANCE 7525 Spring Lake Drive 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND OFATH PART I, DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) Intracerebral Hemorrhage. Right DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the prior to b Page 4 moy be retained by the hospital or ottending **TO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES TO 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 22a. I certify that XI) (this haspital) attended the deceased from Jan. 23 , 1968, ta Jan. 23 , 1968, thou (X) (we) last saw the deceased alive on Jan. 23 1968, and that in (MY) (aur) apinian death accurred an the date and haur and from the causes stated abave (1) (we) (did) (did not) we've the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING Jan. 24. 1968 DEGREE DIRECTOR PHYS. 22e. ADDRESS NAME (Type) John S. Jecker Lcdr/MC/USN Naval Hospital, Bethesda, Maryland NAME OF CEMETERY OR CREMATORY
Arlington National Cemetery, Arlington 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR Tyson-Wheeler Funeral Home 1331 East Montgomery Ave., Rockville, Md. 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68

al delegation of the second of Free grant and the state of the continued to the control of the cont Attage and entroyed will have the property that the property of th as a substantial and a substantial service a book well at rected that we is true; I to the true to the leading to the

@ DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01268 3/5/68 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR within 24 haurs after death (Type ar print) Month 8 4+c/E/E RUITT 1 ANUARU A 1968 IF LINDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years 1E LINDER 1 YEAR lost birthday) by the Pages DAYS HOURS WhitE 7-11-189 FEMALE YRS and in any event, within 72 haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED .⊑ remave carban papers. (0.5 WIDOWED DIVORCED [1) AShINA TON campletely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) SILVER SO EU 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before/ 1360CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed YES 🔀 14. FATHER'S NAME Middle Middle 15 MOTHER'S MAIDEN NAME First First and llet physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT SAME Address Yes, no, or unknown) (If yes give war or dates of service) burial, crematian, ar remaval, attending phys APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) the Canditians, if any, which gave: signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram-208 , 1967, ta .1968, and that in (my) (our) apinian death accurred an the date and have and fram the saw the deceased alive an. causes stated abave, (1) (we) (did) (did net) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS 22d. PHYSICIAN'S 22e, ADDRESS CROSS GOLE NAME (Type) LIENARD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE CEDAR 117 ADDRESS 2So. REC'D BY REGISTRAR 1968 30M REV. 1/68



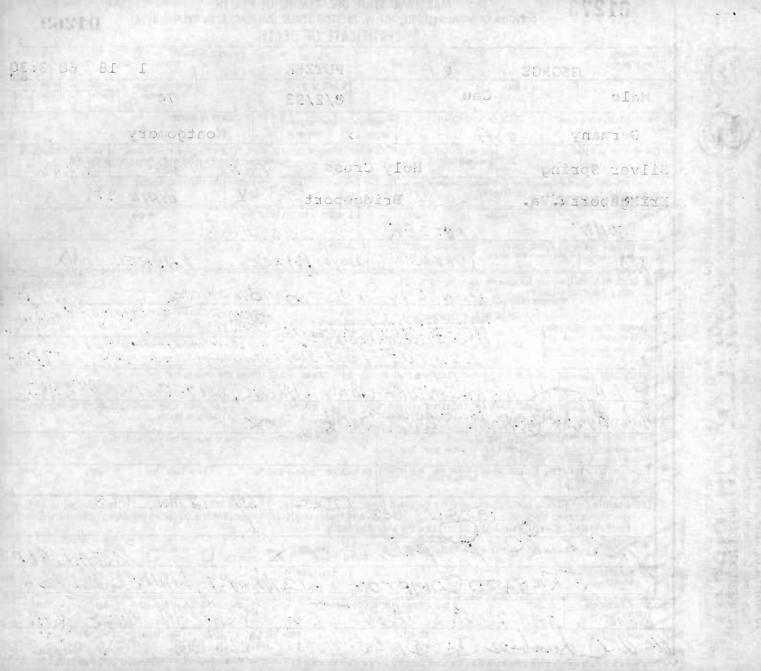
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fidirectar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, with

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

м					CERTIFICATE O	FDEATH			
	. DECEASED-NAM	First		Middle	Lost	20	DATE OF OEATH		2b. HOUR
l	(Type ar print)	GEOF	RGE	F	PUT2	ZEK	Month 1	. 00y18 Yeo68	3:30
-	Male		4. RACE C	au	S. DATE OF 8/2,		6. AGE (In year last-pipphaoy)	YRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	ra. BIRTHPLACE (cauntry) Ger	itate or fareign	7b. CITIZEN OF V	VHAT COUNTRY?	8. MARRIEO NEVER A	MARRIED 9. CC	OUNTY OF DEATH Montgomer	· y	Md.
	O. CITY OR TOW		11.	street address)	ISTITUTION (If not in hospitally Cross	1 120. USUAL OC during most o	CUPATION (Kind of work of working life, even if reting	done 12b. KIND OF INDUSTRY	BUSINESS OR
Į,	3a. USUAL RESID	ENCE (Where deced	sed lived, if institu	ution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?		ER L	700
-	14. FATHER'S NAM		Middle	PM+ZE	IS. MOTHER'S	MAIDEN NAME First	Mide	dle	Last
l	· · · · · · · · · · · · · · · · · · ·	ED EVER IN U.S. AR	MED FORCES? war or dates of service)	UNKNOW		PUTZEK	Addre	OFL MI	>,
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	lost. 5 4	ATERI	nditions contrib	STATU UTING TO DEATH BUT N VAL //\SU/ HICH OPERATION WAS P	OT RELATED TO THE TERMIN	NAL DISEASE OR CONDI CHRUNIC, JTOPSY?	-GASTRET	TOR ARTE	7DAYS
I	OR CONTRIB	NT WAS UNDERLY! UTING CAUSE OF DEA STIFY medical exam OCCURRED 21e	TH HOUR A.M iner) P.M	DF INJURY . Month Day Year . 1	21c. HOW INJURY 1	OCCURRED (Enter natu	ure of injury in Port 1 or Po	art 2, Item 18.)	Stote
	While at wark 22a. I ce	tify that (1) (the	nis haspital) at	tended the deceas	ed fram 27D= 1968, and that in (C. 1967		. 1968 . that	(I) (we) last
	22b. SIGNAT	TRE Char	d Com	plan fr.	DEGREE PHYS.	IDING MED. OIRECT	TOR STAFF D	22c. DATE SIGNED	1968
	23a. BURIAL, CRE REMOVAL (S	MATION, 23b.	DATE AN 21,1	968 23c. NAME OF 968 SIM	CEMETERY OR CREMATORY CONTRACTORY CONTRACT		d. LOCATION (City or Town)	(Caunty) LUEST	(State)
	24 FUNERAL DIR		nbers	Co. I	NC,	2So. REC'D BY REC	GISTRAR 25b. REGIST	TRAR'S SIGNATURE	den



						MARYLANE) STATE DEPARTM	MENT OF HE	ALTH		
11	1			04083	DIVISION	OF VITAL RECORDS,	301 W. PRESTON ST	REET, BALTIM	ORE, MARYLAND 212	01 040	10445
1	7			01274			ERTIFICATE OF			012	70
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To e	e g g			me or mint)	SHN	7	()UFFA	1 1/1	JANUARY	Doy Year	11:20 M
9		K	3. SE		4. RACE	0	S. DATE OF B		6. AGE (In year	IF UNDER LYEAR LIF	UNDER 24 HRS.
Ifte	the fur		J. JE	M	4. KACE		(T)	4. 11	last birthagy)	MONTHS DAYS H	OURS MIN
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thin	filled in In papers. vithin 72 h		10. C	TY OR TOWN OF DEATH	2 1	NAME OF HOSPITAL OR INST give street address	ITUTION (If not in hospital	dury most	OCCUPATION (Kied of work of working life) even if reti	red.) INDUSTRY	SINESS OR
× ×	r bd t, w	0	130	ISMAL DESIDENCE (Whore	decored lived if inc	stitution: Residence before	13 ELTH OF TOWN	TYSH, INSIDE CITY LIMITS	13eA STREET AND JUMB	everat	
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death	pnysician. signed by the attending physician and campletely filled in burial-transit permit. Then please remove carban papers. burial, crematian, ar remaval, and in any event, within 72 h		14. F	ATHER'S NAME First	Q Midd	le \ Lasto	1s. MOTHER'S M	ALDEN NAME First	/	dle	Last
٩	ase and in		11	jone	1	ween Gr	, Nor	- Kniker	on.	0 0	21-1
ficat	attending physician o vermit. Then please an, ar remaval, and ir		16a. Y	WAS DECEASED EVER IN U.S. es, no, or unknown) (If ye	S ARMED FORCES?	16b. SOCIAL SECURITY'N	O. 17 INFORMANT	4 Due	7922 - Addr	Stang Dr. h	eckbey
erti	hen	10		18. CAUSE OF DEATH (En	tor only one source	er line far (a), (b), and (c).)	a mys.	July	710	APPROXIMATI	
£	Jing Ten			PART I DEATH WAS I	CALISED RY-		1 1	•	THE PERSON IN	BETWEEN ONSET	AND DEATH
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9	at per jan			1604		OR AS A CONSEQUENCE OF					
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in de	pnysician. signed by the burial-transpurial, crem			PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTI	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE OR CON	DITION GIVEN IN PART 1(a)		
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67	be be the period	8	ATIC	190. DATE OF OPERATION	19b. CONDITION FOR	R WHICH OPERATION WAS PER	FORMED 20a. AUTO	OPSY?		INGS CONSIDERED IN CERT	IFYING
The	has se c	10	CERTIFICATION				YES [NO ₩	CAUSES OF DEATH?		
ä è	ate r u			21a. ACCIDENT WAS UNDE	RLYING 21b. TIM	AE OF INJURY	21c. HOW INJURY OC	CURRED (Enter no	ature of injury in Part 1 or P	art 2, Item 18.)	
E G			MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE (If either, natify medical e	OF DEATH HOUR A	A.M. Manth Day Yeor P.M. 19					
YSI	cerl cerl chec		MEC	21d. INJURY OCCURRED	21e. PLACE OF INJU	RY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY,) 21f. LOCATION Stre	et or R.F.D. No.	City or Tawn	County	State
H d	Fage 4 may be retained by the haspital of attending physician. G FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health prior ta burial, creases	7		While Nat while at work							
Ž,	fter be stat			22a. I certify that (I	l) (th is hospit al)	attended the decease	d from Sopt	196	, ta <u>Jan 13</u> an death accurred an t	_, 19 <u>68</u> , that (I	l) (we) last
	A H			saw the deceas	ed alive an	1 d 4 d d d d d d d d d d d d d d d d d	and that in (n	uh) (ant) abiuic	an death accurred an t	he date and haur an	id fram the
	# 15 S	75		22b. SIGNATURE,	ibave, (i) (we) (c	ilat hard new the p	day after death.		1	22c. DATE SIGNED	
2	3 s Wi			220. SIGNATURE	0/12/		M. BEGREE ATTENDI	ING MED.	CTOR STAFF	1-14-60	C
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O HOSPITAL	age FU direct shou	00	230.	BURIAL, OREMATION, REMOVAL (Specify)	236. DATE LUL - 17-1	al T 23c NAME DE	EMPTERY OR CREMATORY	/ 2	23d LOCATION (City or Town) (County)	(Staye)
50	500	1	0.4	FUNERAL MIRECTOR	111	ADDRESS	ayour	25g. RESO BY R	DELLIMINE DELLE	TRAR'S SIGNATURE	<u>a</u> .
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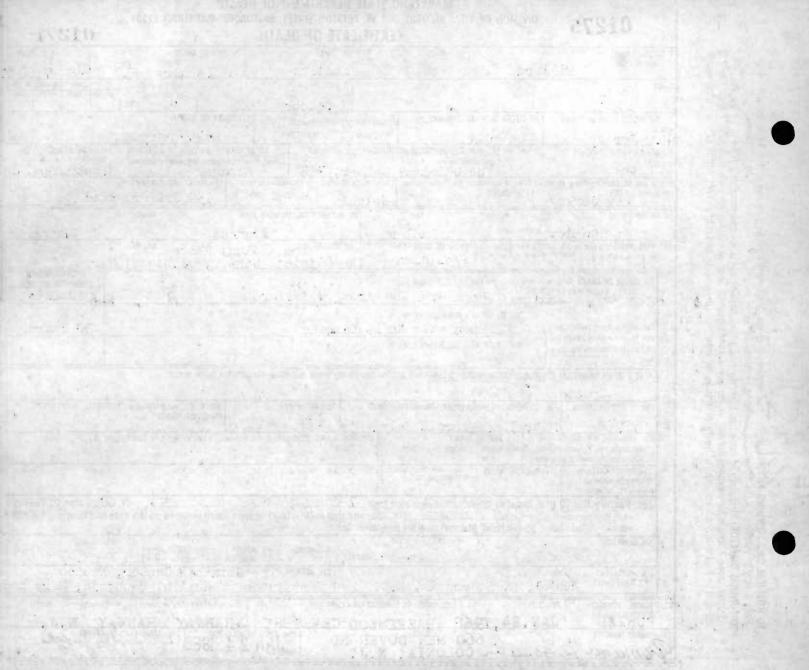


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01271 CERTIFICATE OF DEATH DECEASED-NAME Lost 2o. DATE OF DEATH First 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month Willard Jav Radler January 6. AGE (In years 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX last birthdoy) DAYS HOURS Male October 1922 White within 72 haurs physician and completely filled in by 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED | DIVORCED | Montgomery New Jersey 10. CITY OR TOWN OF DEATH 12o, USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress)
The Clinical Center, NIH during most of working life, even if retired.)

Manager INDUSTRY Bethesda Instrument Co crematian, ar removal, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before / 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE New Jersey 13b. COUNTY YES X NO [155 Jeffery Road Colonia 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Radler Gutav Frances Brown 17. INFORMANT The Medical Record 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, po, or unknown) 140-18-9911 The Clinical Center, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Renal and Re BETWEEN ONSET AND DEATH signed by the attendin burial-transit permit. Renal and Respiratory failure 10 Davs DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove (b) Rheumatic Heart Disease 30 Years rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I days Uremia 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? Mitral and Aortic Valve Diseas 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while at work causes stated abave, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 20 January 1968 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Maryland Rudolf N. Staroscik, M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) (Stote) HAZELWOOD CEMETERY RAHWAY RAHWAY FUNERAL DIRECTOR NEW DOVER RD 660 VR A15 141 30M REV. 1/68 COLONIA.



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
500 CT (TE		01276 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1080
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1272
HEALTH DEPT.		First Middle Lost, 20. DATE KNOWN Month DEATH MATED A PARTY MATED A PART	3 1968 7 A. M
y delay is and 3 to PM3. Page	3. 5	S. DATE OF BIRTH S. DATE OF BIRTH OF DIRTH OF BIR	Yeor / 2d. HOUR
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e, w farv farv	CERTIFICATION	WAS PERFORMED?	YES NO NO
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- a 2 + E 2 V	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while properties of foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town)	County Stote
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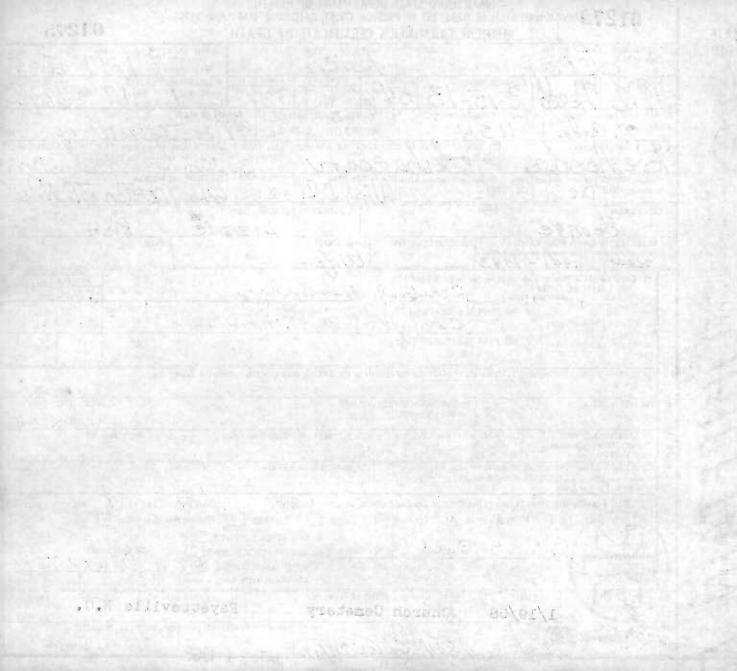
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	01277	DIVISION		IFICATE OF DEATH		01273	3
1.	DECEASED-NAME (Type or print)	First	Middle	last	2a. DATE OF DEATH	2b	. HOUR
		Belle	Jeresa	Reid	January	20 1968 /	PM
3.	SEX	4. RACE		S. DATE OF BIRTH	6. AGÉ (last bii	thday) MONTHS DAYS HOURS	ER 24 HRS.
-	Gemale		icasian	April 20,	1885 8	2 YRS.	
10	BIRTHPLACE (Stote or foreign ockport, New	gn 7b. CITIZEN OF 1	C 0	RRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Montgomers		Md.
20 10	. CITY OR TOWN OF DEATH	11. giv	NAME OF HOSPITAL OR INSTITUTION of street oddress)	ON (If not in haspital 12a. U	SUAL OCCUPATION (Kind of most of working life, even	work dane 12b. KIND OF BUSINE	9O 22
10	Silver Spring	a. 156	elle Hinta Nur.	sing Home (ashier	Insurance	(o.
15 00	o. USUAL RESIDENCE (Where mission) STATE	13b. COUNTY	Mont comenu Si	ITY OR TOWN 13d. INSIDE CIT	NO 136. STREET AND	NUMBER Ithania EXENTA Street	
1 14	. FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAM	E First	Middle Las	
1	John	1	Reid		Mary Ann	0 Nei	11.
1/	yes, ng, or unknown)	I.S. ARMED FORCES? yes give wor or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANY Athan	ia St. XXXXXX	A Address of the Secretary Secretary	
	No		Yes	Brancis R. Do	olina Silve	Spring, Md.	
	1B. CAUSE OF DEATH (E	nter anly ane cause per	//			APPROXIMATE INTO	OEATH
		MMEDIATE CAUSE (a)	Vnerm.	nla		200	75
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	- 2300	NT CONDITIONS CONTRIB	RUTING TO DEATH RUT NOT RELA	TED TO THE TERMINAL DISEASE O	P CONDITION GIVEN IN PART	1(a)	
	500	n: 1-	PILCHOS	A A	ACCIDITION OFFER IN TAKE	1(0)	
2	19a. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORM	D 20a. AUTOPSY?	20b. IF YES, WER	E FINDINGS CONSIDERED IN CERTIFYI	NG
2		100 1135		YES NO	CAUSES OF DEATI	1?	
95				21c. HOW INJURY OCCURRED (E	nter noture af injury in Part	1 or Port 2, Item 18.)	
		E OF DEATH HOUR A.M	. Manth Doy Year				
Dicas	OR CONTRIBUTING CAUSE	examiner) P.M	i. Maiiii Doy feat				
MEDICAL	(If either, natify medical 21d. INJURY OCCURRED While Not while	21. DIACE OF INHIDA	1. 19	21f. LOCATION Street or R.F.D.	No. City ar Town	County	State
TO I CONT	(If either, natify medicol 21d. INJURY OCCURRED While Not while at work 22a. I certify that (21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY.) (OFFICE BUILDING, ETC.	m Jen 19	67. ta 5en	Zo. 19 6 = that (1) (tent Law
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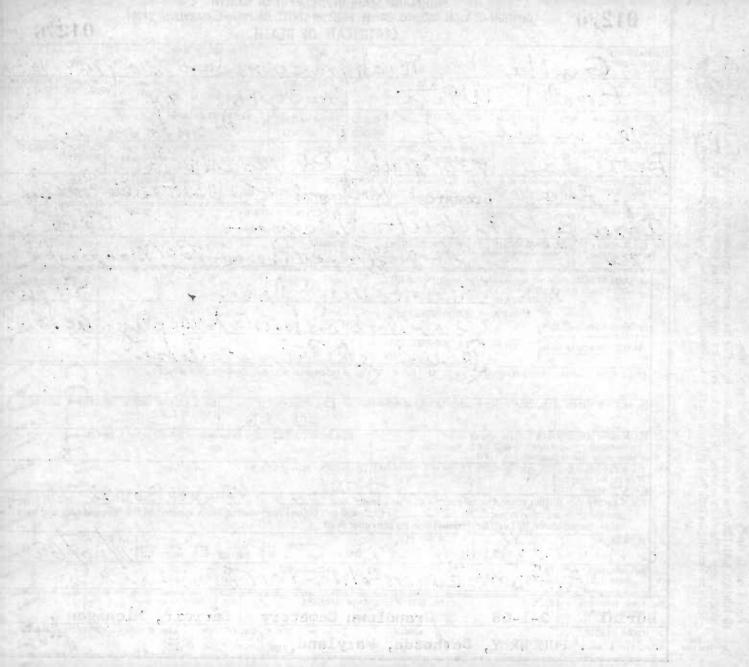
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Q 1 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			012'74
HEALTH DEPT.		DECEASED NAME First Middle Last 2a. DATE KNOWN Month	Day Yeor 2b. HOUR
is to to		WILLIAM CURTIS REISINGER DEATH MATED 1.	28 - 18/8 12 2M
ny delay is 2, and 3 to PM3. Page	3. 5	last birthday MONTHS DAYS HOURS MIN MANAL O O	Year 2 2d. HOUR
P. P		MALE WHITE 6-16-22 45 YRS. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	196412 AM
- 5		PENNA. U.S.A. WIDOWED DIVORCED MONTGOMER	Y Md.
Give Pages ong with to	10. 0		12b. KIND OF BUSINESS OR INDUSTRY
	12-	THOMA TARK WASH. JAN. 4 HOSP. KETIRED - NAVY	INDUSTRI
This certificate should be executed within 24 hours ofter death ficate, writing the word "pending" in pencil in Item 18. Give Page I be forwarded to the Chief Medical Exominer's Office olong with the stand be used as o burial-transit permit. File pages I and 2 with the Stand or removal, and in any event within 72 hours after death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY P.G. ADELPHI YES NO 7914 WESSI	- Paex Dr
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hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	IS ABOVE
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te should be executed with the word "pending" in pert to the Chief Medical Exor o buriol-transit permit. File and in ony event within 72	11	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COFODZFY, Insufficence. Acute.	BETWEEN ONSET AND DEATH
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l be d "pe hief ransi		conditions, if any, which gave rise to immediate cause (a), (b) Coronary. Arterso Selerosis -	years
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the state to to bu		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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cert orwo used mov	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	,,,
	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	Caunty State
E EXAM ecute th Poge 4 or your R: Poge		AT WORK AT WORK	
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please et l'director retained		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
ury, please erol direc be retain RAL DIRE		SIGNATURE John S. Bell M.D. ASSISTANT MEDICAL EXAMINER 22b. DATES	
necessary, please e the funerol director 5 may be retained 5 FUNERAL DIRECTOR		EXAMINER'S DEPUTY MEDICAL EXAMINER ADDRESS (Street city down or county)	28, 1968
ro DEPUTY necessary, the funero 5 may be ro Funera Heolth pr	230	NAME (Type) ADDRESS(Street, city, town, or county) BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) 1-31-68 Arlington National Arlington, Va.	(5.5.5)
V/D 415445 (51		FUNERAL DIRECTOR 7 TOOLLISO ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S S	
VR A15ME (5) 10M REV. 1/68	-	Francis J. Collins 3821 14th St., N.W. Wash Della 3 1 1968 Clear	les Judge

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		MARYLAND STATE DEPARTMENT OF HEALTH 1 2 7 9 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
/ FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01275
HEALTH DEPT.	1. D	DECEASED-NAME First Middle Lost 2a, DATE KNOWN Month D	oy Year 2b. HOUR
ay is 3 to Page	(Type or Print ECOL DEATH MATED 1-1	17 168 9 AM
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State 13		" // Cato. USA. WIDOWED DIVORCED // Onlyon	July Md.
offer death along with the Sto	7		2b. KIND OF BUSINESS OR IDUSTRY
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hin 24 haur nail in Item niner's Office pages Iand's haurs after		Deonge LIZZIE Ric	H
MINER: This certificate should be executed within 24 hours after the certificate, writing the ward "pending" in pencil in Item 18. Give 4 should be farwarded to the Chief Medical Examiner's Office along ur files. e 3 should be used as a burial-transit permit. File pages 1 and 2 with the smatian, ar remayal, and in any event within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) (If yes give war or dates of service) (If yes give war or dates of service)	
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ICAL EXAMINER: execute the certifor. Page 4 shauld ed for your files. CTOR: Page 3 shaul burial, cremation,	WE	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City ar Town	County State
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JICAL EXA please execute director. Page retained far you. DIRECTOR: Pag or to burial, cre		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	and in my opinion
ase recto sinec REC ta b		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner C	
ITY, please eral direct be retaine RAL DIRE.	1	ACTUAL SIGNATURE John & Ball M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	GNED (G
Sary, unercy y be IERA	2	EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	17/168
necessary, please extensions of the funeral director. S may be retained to FUNERAL DIRECTOR. Health prior to bur		NAME (Type) ADDRESS(Street, city, tawn, ar county)	
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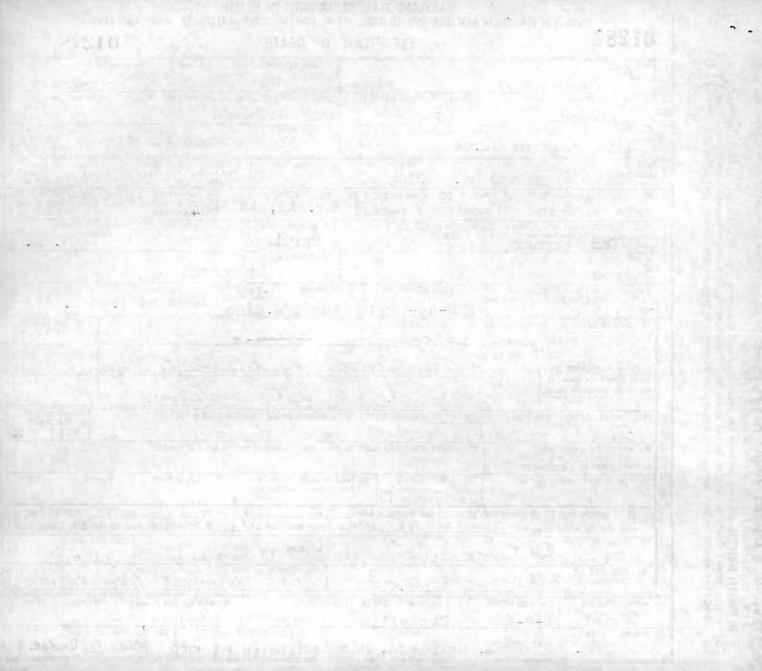
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 **FOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1/ DECFASED-NAMI First Middle 2a. DATE KNOWN Month Yeor (Type or Print) ESTIdeloy is and 3 to Page 19687:30 M TRA ROBERT Jan. Jo. RIIBNER DEATH MATED Deportment 6. AGE (In years IF UNDER 24 HRS 4 RACE 3 SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 2, and PM3. Dec. 21, 1963 January Male White 168 :30 YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form Maryland Montgomery USA WIDOWED [DIVORCED [in Item 18. Give Pages 0 IO. CITY OR TOWN OF DEATH ofter deoth 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital with 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) w/th the Takoma Park Wash. Sanitarium INDUSTRY olong 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Maryland 13b. COUNTY MONTGOMERY TAK. PK. 8606 Garland Avenue YES X NO Office 24 hours pages land 2 after 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last Middle Last Riibner Herman Rona Casel hours Examiner's pencil 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT within ADDRESS (Yes, no, ar unknown) Rona Casel. 8606 Garland Ave. Tak Pk.Md. none File .= within APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) Encephalitis 36 hr. event DUE TO, OR AS A CONSEQUENCE OF urial-transit Conditions, if any, which gove 5 days Varicella rise to immediate cause (a), should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause u. puo certificote PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 forwarded removal CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, NO [YES K pe should be 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK AT WORK buriol, 220. I certify that I took charge of the remains described above, held an Autapsy X Inspection [Inquiry and in my opinion Natural causes X Accident death resulted fram: Suicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE be Russell S. Fisher, M.D. 1 - 6 - 68DEPUTY MEDICAL EXAMINER **EXAMINER'S** VDM Health ADDRESS(Street, city, town, or county) NAME (Type 50 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial 1968 Nat'l. Mem. Park Jan 7 Falls Church, Va. 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S Melianes Goldberg Funeral Home 4217 9th Street N.W. VR A15ME (5) DATIAN 1968 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

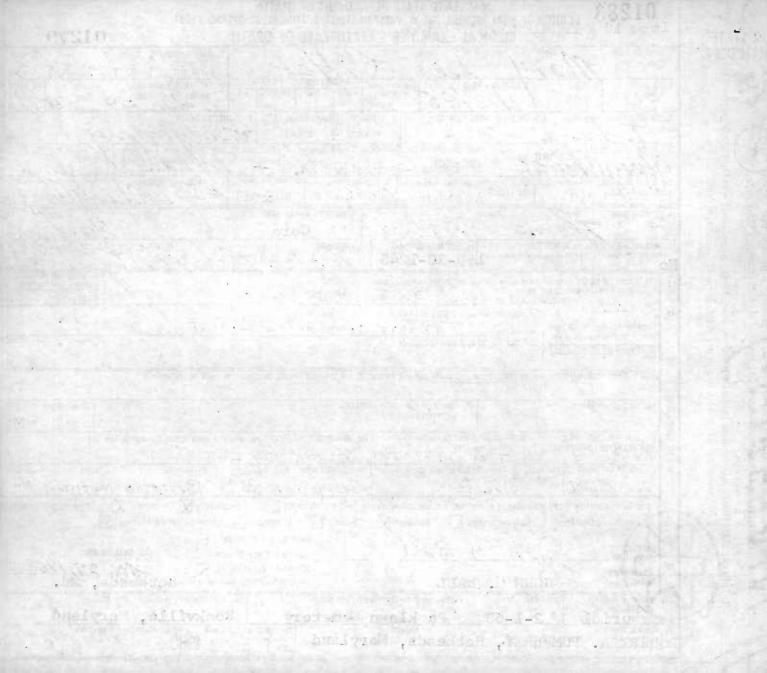
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Tolk conf. Tuneled Logo. 5217 3th Street, N. C. Charle & C. Carlen, J. C. Carlen, Server

MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01278 death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1. PLACE OF DEATH b. COUNTY o. COUNTY o. STATE MONTGOMERY Montgomery MARYLAND law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside corparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Bethesda vears Rethesda d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) campletely filled in remave carban papers, 4314 Chestnut Street ar remaval, and in any event, within 72 4314 Chestmut Street YES NO TO NAME OF First Middle Last 4. DATE Month Year DECEASED RINE HOWARD DEATH 9. AGE (In years LYFAR IF LINDER 24 HRS. S SFX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours White DIVORCED Male WIDOWED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) YATZUDUI Maryland S. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Unknown Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address wife (Yes, no, or unknawn) (If yes give war ar dates af service) Same as Item 2. Bessie I.Rine 220-44-5894 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) signed by Canditions, if any, which gave rise to immediate couse (o), DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending **DIRECTOR:** After this certificate has been far use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Health NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While 19 ot work at work 21. I certify that (I) (this hospital) attended the deceased fram 77, 1962, ta ______, 19___, that (I) (we) last saw the deceased alive an D2 22 1967, and that death accurred at 30 PM, fram causes and an the date stated above. , 19___, that (1) (we) last 22b. DATE SIGNED 220 SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) RONALL ROCKVILLE SCHREIBER 11125 ROCKVILLE directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1-4-68 Rockville Cemetery le Maryland
25b. REGISTRAR'S SIGNATURE Rockville 9 25g REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 A. PUMPHREY, Bethesda, Maryland DATE IAN Ocharles Judge

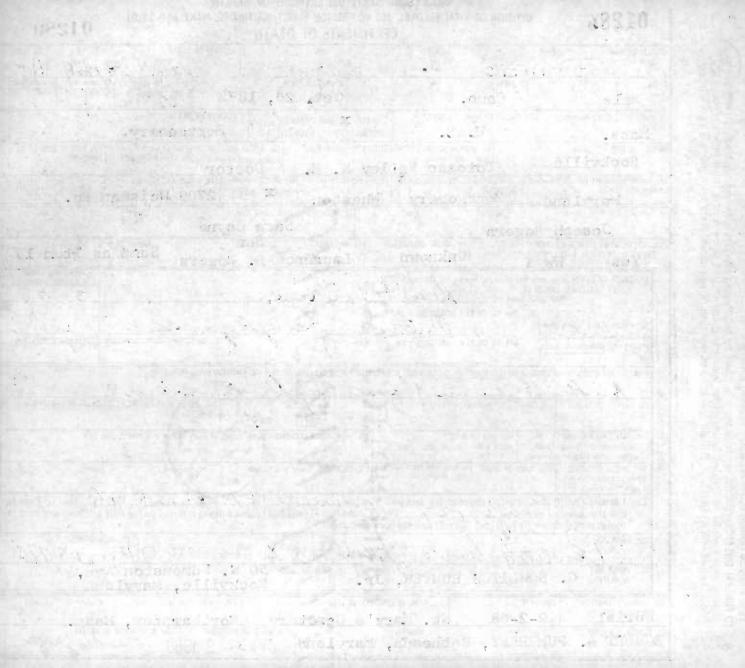


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FOR STATE	I	tems 10 & DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01279
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× + 1 /2	(Type or Print) Mary Lee Kitter DEATH MATED JATA	29 1968 7 BAN
Tent Ment	3. \$	lost hirthdox) MONTHS DAYS HOURS MIN North	Yeor 2d. HOUR
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Poges State	10. 0	ITY OR TOWN OF DEATH /	28. KIND OF BUSINESS OR
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vauld be executed within 24 haurs ward "pending" in pencil in Item I the Chief Medical Examiner's Office rial-transit permit. File pages I and 2 any event within 72 haurs ofter or any event within 72 haurs ofter	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost VIII
thin 24 miner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT/ ADDRESS U.	1-1 HANT
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be executed with "pending" in pen hief Medical Exam ansit permit. File pevent within 72 levent within 72 lev		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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vard vard ne Ch al-tro any		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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vertificat writing trwarded rwarded as a	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
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= 0 × - 0	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street). 21f. LOCATION Street or R.F.D. NOSCOO City or Town	County Stote
EXAMINER: cute the certi age 4 shauld r your files. Page 3 should I, crematian,		WHILE NOT WHILE AT WORK AT WOR	horngomery Md
E executar. Paged for y CTOR: Purial,		220. I certify that I took charge of the remains described above, held an Autopsy, Inspection 💢, Inquiry 💢,	and in my opinion
sse e ectar ined RECT a bu		deoth resulted fram: Natural causes 🗌 , Accident 🔯 , Suicide 🗍 , Homicide 🗋 , Undetermined manner 🗌	
DEPUTY SICAL EXAM Sessary, please execute the funeral directar. Page 4 may be retained for your FUNERAL DIRECTOR: Page ealth prior to burial, crem	13	ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 22h. DATE SIGNATURE 22h. DATE SIGNATURE	GNED
Sary, Sary, Juero y be VERA		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	29,1968
necessary, the funeral 5 may be root FUNERAL Health print	00	NAME (Type) JOHN G. BALL ADDRESS(Street, city, town, or county) Bethes de	
D = 20 = U	230	REMOVAL (Specify)	County) (Stote)
3	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAB'S SIC	
VR A15ME (5)	RC	BERT A. PUMPHREY, Bethesda, Maryland DATE FIR 2 1968	0



01284 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01280 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH 2b. HOUR (Type or print) J. OGPhC 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR AGE (In years requires that the death certificate be executed within 24 hours after last birthday) HOURS Male 00t. 26. 1878 Cauc. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED illed in papers. Mass. U. S. WIDOWED [7] DIVORCED [Montgome ry 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR Potomac during most of working life, even if retired.)
Doctor carban Rockville. **INDUSTRY** Valley N 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Montgomery YES NO 2709 Weisman Rd. Wheaton 14. FATHER'S NAME First Last 1S. MOTHER'S MAIDEN NAME First Middle Sara Coyne Joseph Rogers Son Same as 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, po. or unknown) Item 13 Unknown ar remaval, Laurence A. Rogers APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the burial-transit rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. ANTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO K YES [TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from function, 1967, to function, 25, 1968, that (I) (we) last sow the deceased alive on function, 27, 1968, and from the causes stoted abave, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DECREE director, page shauld be filed DIRECTOR 50 W. Edmonston Ave. 22e. ADDRESS G. BOWDITCH NAME (Type) Rockville, Maryland 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) (County) BREMOVAL (Spycify) 2-2-68 St. Mary's Cemetery Northampton, Mass 2Sa. REC'D BY REGISTRAR VR A15 [4] PUMPHREY, Bethesda, Maryland Melionelas DATE FEB 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE	1	01285 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01281
HEALTH DEPT.		DECEASED-NAME Of First Middle Last 20. DATE KNOWN X Month	Oay Year 2b. HOUR
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deloy and 3 A2 Po	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS 2c. DATE PRONOUNCES OF AD	2d. KOUR
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	()	(es, na, ar unkacyon) (If yes give war or dates of service) 578 -10 - 7632 Mrs Mary 4 Rohrmen	v above
should be executed wire word "pending" in perto to the Chief Medical Exar burial-transit permit. File in ony event within 72		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN QUISET AND GEATH
ould be executed vord "pending" in the Chief Medical E ol-transit permit. Fony event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intracranial hemorrhage	6 Aur.
e execute pending" of Medica sit permit		DUE TO, OR AS A CONSEQUENCE OF	
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word word the Ch riol-tra		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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KAMINER: te the certi le 4 should your files. age 3 shoul	WE	21d. INJURY OCCURREO 21e. PLACE OF INJURY (At hame, farm, street, white more white factory, affice building, etc.) 21f. LOCATION Street at R.F.D. No. City at Tawn	Caunty State
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Executor. Page ed for CTOR: Purial,	0.0	22a. I certify that I toak charge af the remains described above, held an Autopsy 💢, Inspection 💢, Inquiry 💢	, and in my apinian
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D DEPUTY THE EURCH THE FUNERAL		LAAMINER'S	1.5, 1968
O DEPUT necessory the funer 5 may be O FUNER Health p	230	NAME (Type) 30 L N G. LS A L ADDRESS(Street, city, town, or county) / U o N T BURIAL, CREMATION. 23b. DATE , 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
1 1	1	REMOVAL (Specify) 1/8/68 COLUMBIA GARDENS ARLINGTON.	(State)
	24.	FUNERAL DIRECTOR ADDRESS ADDRESS 2SG. REC'D BY REGISTRAR 2SG. REGISTRAR 2SG. REGISTRAR 2SG. REGISTRAR 2SG. REC'D BY REGISTRAR	
VR A15ME (5) 10M REV. 1/68	5	OS. GAWLER'S SON, WASHINGTON, D.C. DATE JAN 10 1968 Police	res Judge

MAKYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01282 CERTIFICATE OF DEATH Middle 2b. HOUR DECEASED-NAME First Last 2a. DATE OF DEATH death. by the funeral Pages 1 and pup (Type or print) Month ebecca 1911burial-tronsit permit. Then pleose remove corbon papers. Pages 1 burial, cremation, or removal, ond in any event, within 72 hours affer 6. AGE (In years 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS. requires that the deoth certificate be executed within 24 hours after SEX S. DATE OF BIRTH last birthday) DAYS HOURS remale YRS 7o. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MIGOMERU DIVORCED [WIDOWED X Lebanonfilled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR INDUSTRY Home give street address during most of working life, even if retired.) and completely Sanifarilly 13o. USUAL RESIDENCE (Where deceosed lived, if institution, Residence before admission) STATE (1) 13b. COUNTY (Montage Residence) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 102 13b. COUNTY 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Lost Lost DOLOMOR physicion 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 1600 16 Address Street. Yes, no, or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line fgf)(a), (b), and (c).) BETWEEN ONSET AND CEAT PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) signed by the burial-tronsit (anditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AN A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to hos been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D TO FUNERAL DIRECTOR: After this certificate ho director, page 3 should be detached for use should be filed with the State Dept. of Health p YES 🗀 Page 4 moy be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from there , 1966, to her Can 2 19 68, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased glive an. causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE/SIGNED **ATTENDING** DEGREE DIRECTOR PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 5-6 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (State) 23b. DATE (County) 23o. BURIAL, CREMATION Trans-buria Pennsylvania Greenwood Cemeteru Lancaster. 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) DATE JAN 5 1968 30M REV, 1/68

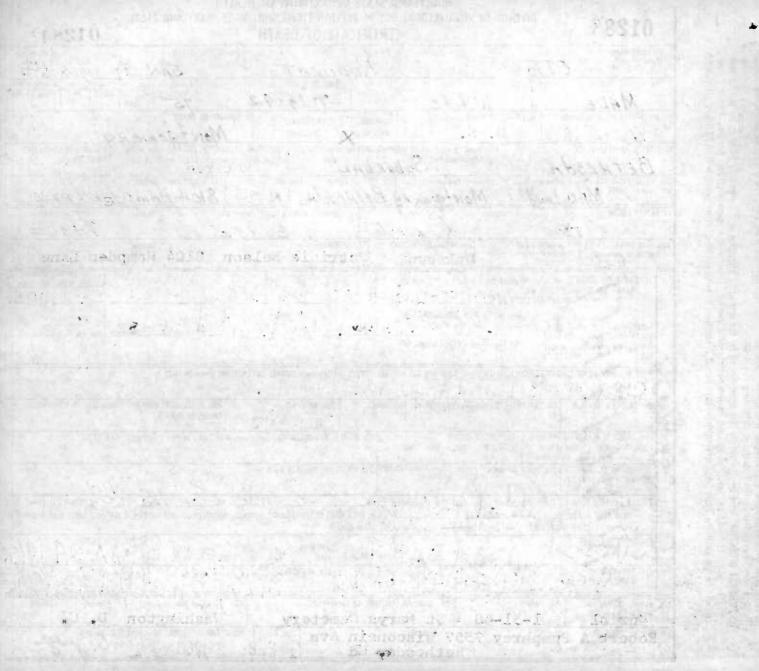
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FOR STATE		01287 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1201	01283
HEALTH DEPT.		ECEASED-NAME First Middle Lost 2a DAT		Day Year 2b. HOUR
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S S S	14. 1	Philip A. Rosendorn S. Mother's Malden S. Mother's Malden Name First	Middle	Last
I within 24 n pencil in Examiner's File pages n 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? (les, na, or unknown) (If yes give wor or dates of service) 408-32-2340 Anna M. Rosendorn	Same as	Item 13.
d with the Example Example File in 72		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL
executed nding" ir Medical I permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pyelonephritis, acute		2 weeks
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sho e v in in		(i) benign hyperplasia, prostate		70013.
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TO DEPUT' necessory, the funer 5 may be TO FUNERA Health p		ADDRESS SINCE , CITY, 10481, CITY		
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R	24.	FUNERAL DIRECTOR A Pumphrey 7557 Wisconsin Ave 250. REC'D BY REGISTRAR	COSb. REACTAR'S S	LE VATURE - MAC
VR A15ME [5] 10M REV. 1/68		Bethesda, Md DATE JAN 5	1968 July	0

MARYLAND STATE DEPARTMENT OF HEALTH

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OR OR THE SE 3		A COUNTY DEGREE ATTENDING DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	9
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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
9	Item 8 Film G397 1/24/68 kk CERTIFICATE OF DEATH
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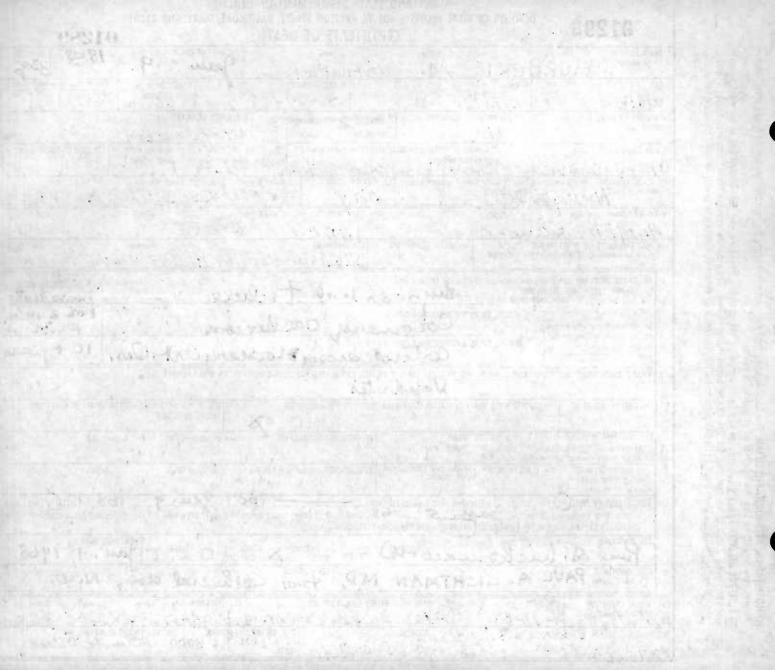
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01287 DECEASED-NAME Middle Last O - C First/S 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death by the attending physician and completely filled in by the funeral rronsit permit. Then please remove carbon popers. Pages I ame cremotion, or remavol, and in any event, within 72 hours after deag (Type ar print) Sarah Elizabeth Sanders January 1968 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost_birthdoy) Female Cau. Oct. 6, 1879 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED DE DIVORCED | Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **Housewife** give street oddress) INDUSTRY Silver Springs burial, cremotion, or remavol, and in any event, wit 10601 Gen Haven Drive Domestic 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) STATE Md. 13b. COUNTY Montgomery Springs 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomer YES 😿 10601 Glen Haven Drive NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Alexander Murray Sarah Ann 16b. SOCIAL SECURITY NO. 10601 Glen Maven Drive 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no or unknown) 215-54-8698 Ann Robey Silver Springs, Md. 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Generalized Arteriosclerosis Years DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p (b) Senility, emaciation Canditions, if ony, which gave) 5 Years rise to immediate couse (a), DUE TO. OR AS A CONSEQUENCE OF Poge 4 moy be retained by the hospital or ottending physician. stoting the underlying couse (d) Uninary Tract Infection Months? PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been for use os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol examiner) HOUR A.M. Manth Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram 1945, and that in (my) (our) opinion death accurred on the dote and hour and from the couses stated above, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 1-3-68 DEGREE PHYS. 10101 Georgia Avenue Silver Springs, Md. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) HUGO G. GRAZIANIM.D. director, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, Burial (Specify) Waldorf Charles Md.
GISTRAR 25b. REGISTRAR'S SIGNATURE 1-5-68 St Pauls Cemetery 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Milantes The Huntt Funeral Home, Waldorf, Md. 1968

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1	_ 1			04000	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
7				01292		CERTIFICATE OF DEATH		01288
	death and 2 death.			CEASED-NAME (pe ar print) Edeil	h Lyle	Sankey	2a. DATE OF DEATH Manth Do	2b. HOUR
	after he fur ges I after		3. SE	limate	4. RACE reshite	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HDURS MIN.
	in by Pers. Post		7a. B	RTHPLACE (State or foreign try)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVERMARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	Md.
	within 24 haurs tely filled in by the ban papers. Po within 72-boers	70	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR give street address)	during	SUAL OCCUPATION (kind of work done reast of working life, even it etiped.)	12b. KIND OF BUSINESS OR INDUSTRY
				USUAL RESIDENCE (Where deceased sisten) STATE	d lived, if institution: Residence before			
	be exected and composite and c	2	14. F	ATHER'S NAME First Gunla	Willian Ithitas	is Mother's Maiden NAME Emma	E First Middle Middle	Lost
	ertificate be physician ten please laval, and is		16a. Y	WAS DECEASED EVER IN U.S. ARME es, na, acunknown) (If yes give war		YNO. 17. INFORMANT BODET	-5001 Balkerine a	
	at the death of the attending usit permit. The mation, or rem			PART 1. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE	ral asserso.	thrombosis sclerozis	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH 2 4R5
	OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the je 3 should be detached far use as the burial-transit ed with the State Dept. af Health priar to burial, cremating the state of the			stating the underlying cause lost. PART 2. OTHER SIGNIFICANT COND 3 32 ×	DUE TO, OR AS A CONSEQUENCE (1) JELLAN DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	DECONDITION GIVEN IN PART 1(a)	10 488.
	The law rent attending le has been suse as the fall alth priar to k	X	CERTIFICATION	19a. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CDNSIDERED IN CERTIFYING
	PHYSICIAN: The hospital ar at his certificate has tached far use Dept. af Health		MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine	HOUR A.M. Manth Day Ye		nter nature af injury in Part 1 ar Part 2	, Item 18.)
	G PHYSIC the hospi this certi detached te Dept. a		ME		PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTDRY,) 21f. LOCATION Street or R.F.D.	Na. City or Town	Caunty State
	OR ATTENDING PHY DE ctained by the h DIRECTOR: After this ge 3 should be detacted with the State Dep			saw the deceased ali	s haspital) attended the dece ive an (I) (we) (did) (disnot) view th	_19 and that in (my) (our)	apinian death occurred an the c	
	OR ATTEI be retaine DIRECTOR: ge 3 shoul ed with th			22b. SIGNATURE	Jerusch	DEGREE ATTENDING PHYS.	MED. STAFF 220	DATE SIGNED / SIGNED
	May RAL	1		- V	enry C. Scruzzo	22e. ADDRESS		
	TO HOSPI Page 4 n TO FUNER director, shauld b			Memoral	1-1968 Getty	of CEMETERY OR CREMATORY Sburg Nat'h. Cemete		(Caunty) (State)
	VR A15 (4) 30M REV. 1/	68	24. J	FUNERAL DIRECTOR DSeph Gawler's	Sons, Inc. 5130s	Wisc. Ave. N. W.	JAN 15 1968 19	0

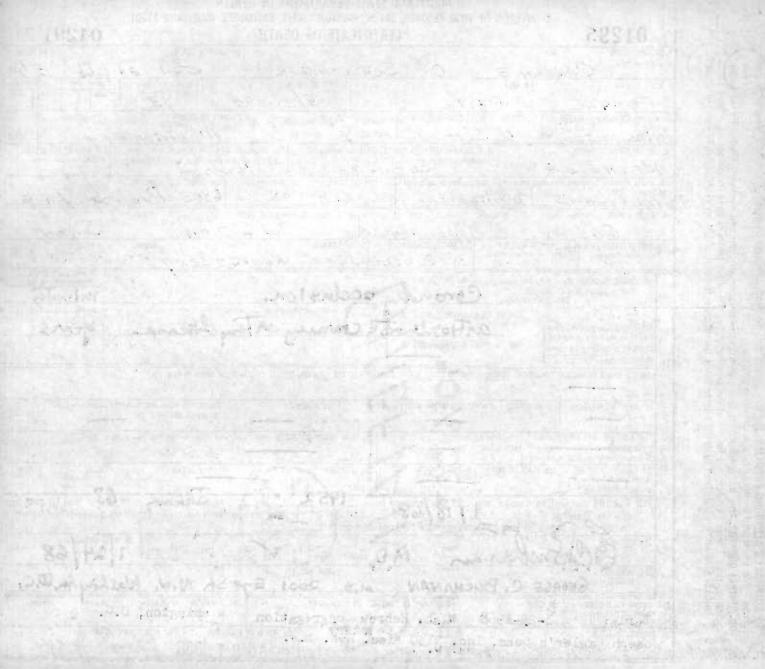
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 1968 DECEASED-NAME First DATE OF DEATH 2b. HOUR signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remove carban papers. Pages 1 and 2 burial, crematian, ar removal, and in any event, within 72 haurs after death Month C (Type or print) 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 S. DATE OF BIRTH DAYS HOURS lost bigthdoy) 24 haurs 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION 12b. KIND OF BUSINESS OR requires that the death certificate be executed within street oddress) during most of working life, even if retired.) INDUSTRY 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES DE cit 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Gratt Annie 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no. or unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A COMSQUENCE OF Conditions, if ony, which gove ; rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT priar ta O FUNERAL DIRECTOR: After this certificate has been use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO N YES 🗌 be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TO OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year d P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while of work 22a. I certify that (1) (this hospital) ottended the deceosed from saw the deceased alive on 1968, ond that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death. ATTENDING MED. DEGREE eq PHYS. DIRECTOR directar, page should be filed 22e. ADDRESS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) REMOYAL (Specify) as Israel Cemeter 2Sb. VR A15 [4] 30M REV. 1/68



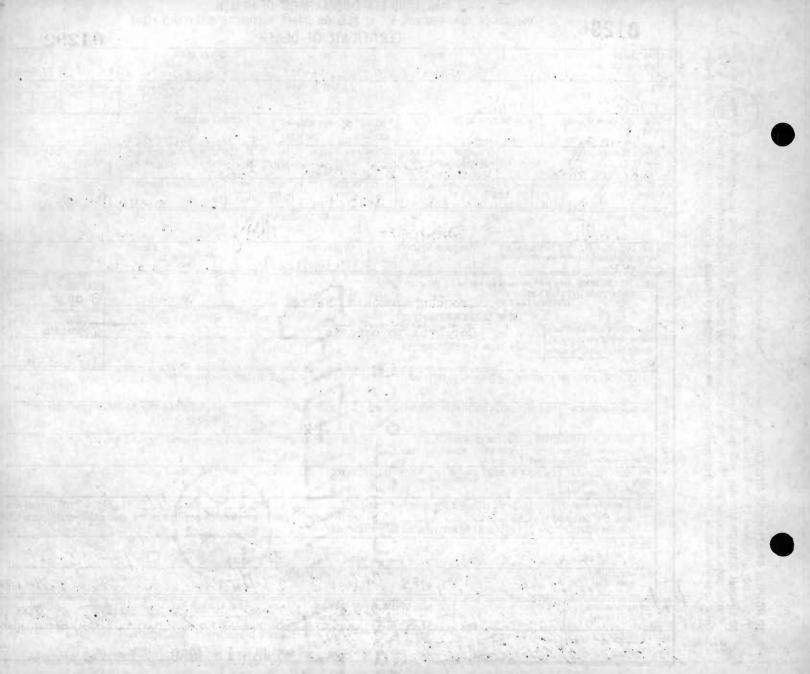
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01294 CERTIFICATE OF DEATH 01290 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR deoth. (Type or print) Year IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER 24 HRS SEX last birthday) DAYS HOURS nours at w YRS KmA15 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Filled in WIDOWED D DIVORCED [ESTANCER/AND CO dod L. U 12g, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress CANHA VER during most of working life, even if retired.) INDUSTRY corbon event, wit completely PAONIA Ome 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? requires that the death certificate be executed admission) STATE YES NO 13b COUNTY 407 Whittier St .. any (physician and cone 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost ELLIDAN HRISTINA WILLIAM removal, and 6.00 Address 16g WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT New Carrotton, Md. Yes, no or unknown) (If yes give war or dates of service) Mrs. Wm. W. McCracken 577-01-3268 attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. Sudd cremation, or IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ? TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use os the burial-tronsit rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Poge 4 moy be retained by the haspital or attending physician. stating the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use os the State Dept. of Heolth prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County While Nat while at work , 19.45 , ta 22a. I certify that (1) (this haspital) attended the deceased from. 1/19 67, and that in (my) (our) apinian death accurred an the date and have and fram the saw the deceased alive an_ director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) University Blud. East. Silver 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) Arlington Nat. L. Cemetery Arlinaton. 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 ilver Spring. DATE

and the service of th (BPS10) AND PARS - STON a la la side directiva la la successión de la constante de la A LIGHT SERVICE THE SERVICE SERVICE

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01291 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 2g. DATE OF DEATH (Type ar print) Month deat SCHLESINGER AROLINE JAN TEUNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) DAYS HOURS 10 MONTHS WHITE I-EMALE 24 hours 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED country) .⊑ U.S.A WIDOWED T MONTGOMERY DIVORCED [7] filled 12a. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH during most of warking life, even if retired.) give street oddress) INDUSTRY ---ISETHESD A Housewife completely 3d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN admission) STATE 13b. COUNTY 6803 YES X CH. CHASE 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle gud Julia imion 645TAV DADEN HEIMER certificate 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 68. SOCIAL SECURITY NO. Address Yes, na, ar unknown) - See Item or remavol, 382-22-033B IEAN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: Dronasu IMMEDIATE CAUSE (a) buriol, cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION PIGS CAUSES OF DEATH? YES -Heolth p certificote 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. be detached for Stote Dept. of h (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED City or Town County While the Not while at wark 22a. I certify that (I) (this hospital) attended the am_____, 19_____, to____, 19_____, 19____, thot (1) iost____, and that in (my) (am) apinian death occurred on the date and haur and from the ecessed fram____ saw the deceased alive an_ director, page 3 should should be filed with the couses the above, (I) (and fine) (did not) view the body ofter deoth. TO FUNERAL DIRECTOR: 22c. DATE SIGNED 22b. SIGNATUR ATTENDING D DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S Ene St. N.W. NAME (Type) GEORGE C. BUCHANAN 2001 23d. LOCATION (City or Town) D.C(County) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) sh. Hebrew Congregation ADDRESS Ce metery N. Wasa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Winc. Meliantes VR A15 (4) 30M REV. 1/68



1		ND STATE DEPARTMENT OF		
01296	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
01530		CERTIFICATE OF DEATH		01292
1. DECEASED-NAME	First Middle	Last	2a. DATE OF DEATH	2b. HOUR
(Type ar print)	John NMN	Schmidt	Month Day	- Year 8 9:45 PM
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years [IE UNDER 1 YEAR IE UNDER 24 HRS.
male.	white.	12-9-91	last hirthday)	MONTHS DAYS HOURS MIN.
7a. 8IRTHPLACE (State or forei			9. COUNTY OF DEATH	
cauntry)	1	8. MARRIED NEVER MARRIED DIVORCED		
1D. CITY OR TOWN OF DEATH	1) NAME OF HOSPITAL OR IN		Montgomery SUAL OCCUPATION (Kind of work dorse)	12b. KIND OF BUSINESS OR
7/1 - 0	give street address)	O/ II during	most of working life, even if retired.)	INDUSTRY
130 IISHAL PESIDENCE (Where	deceased lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CIT	Y LIMITS? 13e. STREET AND NUMBER	
admission) STATE	, 13b. COUNTY L		NO D	Mill Road
14. FATHER'S NAME First	Middle Cost	15. MOTHER'S MAIDEN NAME	20-0 100-01	last
OL 11	Middle C1		1 . 0	1 ,
16g. WAS DECEASED EVER IN U	I.S. ARMED FORCES? 116b. SOCIAL SECURITY		argaret Corne	llus
	yes give war or dates al service)			L 1
		Med record	13 - W. S HOSPI	APPROXIMATE INTERVAL
PART I. DEATH WAS	nter only one couse per line far (a), (b), and (c CAUSED BY:			BETWEEN ONSET AND DEATH
1/220	MMEDIATE CAUSE (0)Bronchopn			3 days
Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF			
rise to immediate caus	e(0) (b) CETEDIAT	thrombosis		7 years
stating the underlying	DUE TO, OR AS A CONSEQUENCE OF			
last.) (c)			4
PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 1(a)	
8 23 A	The country		Lack as are with all house of	
19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
210. ACCIDENT WAS UND	SEDIVING TOU THE OF HILLIPY	YES NO		10.
		21c. HOW INJURY OCCURRED (En	nter nature of injury in Part 1 or Part 2, I	tem 18.)
OR CONTRIBUTING CAUS	examiner) P.M.	9		
≥ 21d. INJURY OCCURRED While Nat while	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FA	ACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County Stots
at wark at wark		10	7 = 7 0	1 2 11 1/10/1
220. I certify that	(1) (this haspital) attended the decease	sed from, 19	pinian death accurred an the da	fo and have and from the
causes stated	sed alive on 3 abave (1) (we) (did) (did nat) view the	bady after death.	iphinan deally accorred an the da	re and hadr and main me
22b_SIGNATURE	.0.		22c. [DATE SIGNED
Wilson	20 Meson MI	DEGREE PHYS.	MED. DIRECTOR D STAFF PHYS. D /	-15-68
22d. PHYSICIAN'S	10 1 5 01	7 / 7 22e ADDRESS	11 00 0 -	TO ON 110
NAME (Type)	Hord D. Meyers	147. 8323	Haddon Ur /a	Kowa Tork ble
230. BURIAL, CREMATION,	23b, DATE 23c. NAME OF	CEMETERY OR CREMATORY A GO	23d. LOCATION (City or Town)	(State)
REMOVAL (Specify)	Jul 18-1968 Jake	Ma Puneral Hon		Montamen md
24 FUNERAL DIRECTOR	H 354 COL ADDRES		D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE O
Morning	Vers Washington	TO CZONZ DATE J	AN 19 1968 Police	relas Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01297 01293 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery Maryland Montgomery MARYLAND the c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 31 years Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3815 Woodbine Street 3815 Woodbine Street YES NO TE 3. NAME OF Middle 4. DATE DECEASED (Type or print) OSEPH REDERICK DEATH 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED birthday) Manths Doys Feb. 6, 1900 WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ottending physicion permit. Then pleose **INDUSTRY** Michigan U. S. Attorney Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick J. Schmitt, Sr. Pauline Schellhamer Wife 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, ar unknown) (If yes give war ar dates of service Same as Item 2. Maude A.Schmitt res 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise ta immediate cause (a). DUF TO stoting the underlying cause hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PART 1(a) PERFORMED? TO FUNERAL DIRECTOR: After this certificate YES NO P 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) Haur a.m. factory, street, office bldg., etc.) Nat While at wark at work march . 19 60, to 21. I certify that (1) (this haspital) attended the deceased fram_ ton. 1968, and that death accurred at 8°15PM, from causes and an the date stated above Jan 2 saw the deceased alive an_ 22a. SIGNATURE DATE SIGNED dozele DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d._ADDRESS ROBERT NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (State) Burial (Specify) Birmingham, Michigan 1-5-68 Acacia Park Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 PUMPHREY, Bethesda, Maryland DATEAN

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		MARYLAND STATE DEPARTMENT OF HEALTH	
	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1294
		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month DOF ESTI-	Doy Yeor 2b. HOUR 23 1968 15 M
	3. SI	0000	2d. HOUR
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 174) Perma - U.S. A - WIDOWED DIVORCED Mantagamen	Md Md
0		Bethesda. give street oddress) Suburban during most of working life, even if retired.)	DUSTRY ALTICIAN
15	01	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE Md. 13b. COUNTY Moint germeny Silver Spring YES NO 1 93/5 GreyRock	k. Rol_
1		ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Scull Conne	Defension.
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16s, no, or unknown) (If you grow wor or dojus of square) YES 17. INFORMANT Wife - Elizabeth Scall Silver S	
P		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary thrombosis, acute	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH - Sudslim.
		Conditions, if ony, which gove rise to immediate couse (o), (b) coronary arteriosclerosis	years.
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
1	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO NO
	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Port 1 or Port 2, Item P.M. 19	
	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
		22a. I certify that I took charge of the remains described above, held an Autopsy (X), Inspection (X), Inquiry (X), death resulted from: Natural couses (X), Accident (), Suicide (), Hamicide (), Undetermined manner ()	
		ACTUAL SIGNATURE	IGNED 3 1968
	00	NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	
	230	REMOVAL (Specify) Jan. 24, 1968 Fort Lincoln Crematory Prince George Co.	(County) (Stote)
3	Wa	uner E. Pumphrey, Inc. Silver Spring. Md. DATE JAN 30 1968 Julian	

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01300 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01296 CERTIFICATE OF DEATH Lost 1. DECEASED-NAME 20. DATE OF DEATH 2b. HOUR the death certificate be executed within 24 hours after death (Type or print) funeral popers. Pages 1 and in 72 hours after deo by the Pages 1 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS HOURS YRS. 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH .⊑ country) WIDOWED T DIVORCED [filled NO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 126, KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY remove corbon cremotion, or removal, and in ony event, with completely 330. USUAL RESIDENCE (Where deceased lived if institution; Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN odmission) 13b. COUNTY YES TO 14. FATHER'S NAME First Middle MOTHER'S MAIDEN NAME First Margaret Middle puo Stephens John Owen physicion 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address S indelar same item 13 Yes ap, or unknown) 494-16-6202 Gilbert E. APPROXIMATE INTERVAL offending property. The 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the buriol-transit requires that rise to immediate cause (a). DUE TO, OR AS-A CONSEQUENCE OF stating the underlying couse buriol, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECOTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART prior to L Page 4 moy be retained by the hospital or ottending has been use as the LAD. CONDITION FOR WHICH OPPRATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? NO TO FUNERAL DIRECTOR: After this certificate ha director, page 3 should be detoched for use should be filed with the State Dept. of Health i 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Arem 18. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Town County Stote While Not while of work OR ATTENDING 22a. I certify that (1) (this hespital) attended the deceased from saw the deceased alive an 19 Sand that in (my) (exp) opinion deoth accurred on the dote and hour and from the causes stated abave, (1) (did) (exp) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS 22e ADDRESS PHYSICIAN'S 22d. NAME (Type) 23d LOCATION (City of Town)
Silver Spring, NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE Montg. REMOVAL (Specify) Gate of Heaven 1/6/68 68 2Sb. 24 FUNERAL DIRECTOR
Tyson Wheeler Funeral Home Rockville, Pike Md DATE VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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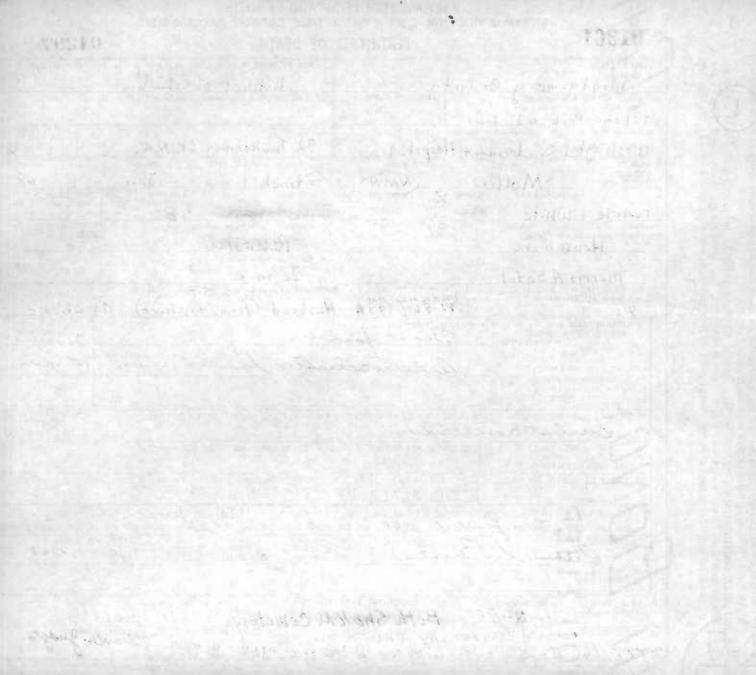
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01301 CERTIFICATE OF DEATH 01297 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Count montgomery MARYLAND Columbia b. CITY OR TOWN (If wiside corporate imits FINGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) e. IS RESIDENCE ON A FARM? d. STRFFT ADDRESS papers OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 32 Tuckerman St N.W. Mashington Son tarium + within YFS NO 3 NAME OF Middle 4. DATE carban Doy Year campletely DECEASED Jan 19 68 (Type or print) DEATH S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED IF UNDER 1 YEAR DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Dovs Hours and in any WIDOWED DIVORCED pup 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY attending physician termit. Then please House W. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI ar remaval. Morris A Sade 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 517-56-633 as above no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) or attending physician. DUE TO signed burial. Conditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying couse as the last. PART II. OTHER_SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) has 19. WAS AUTOPSY PERFORMED? Health ! NO X 1 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2De. PLACE OF INJURY (Home, form, 2Dd. INIURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While of work april . 1958 to and 1, 1968, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from Page 4 may be retained 19 68, and that death accurred at 12:40 P. M. Ham couses and an the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED STAFF aw 1, 1968 director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Hillside Mary 29nSKV ADDRESS d 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATOR

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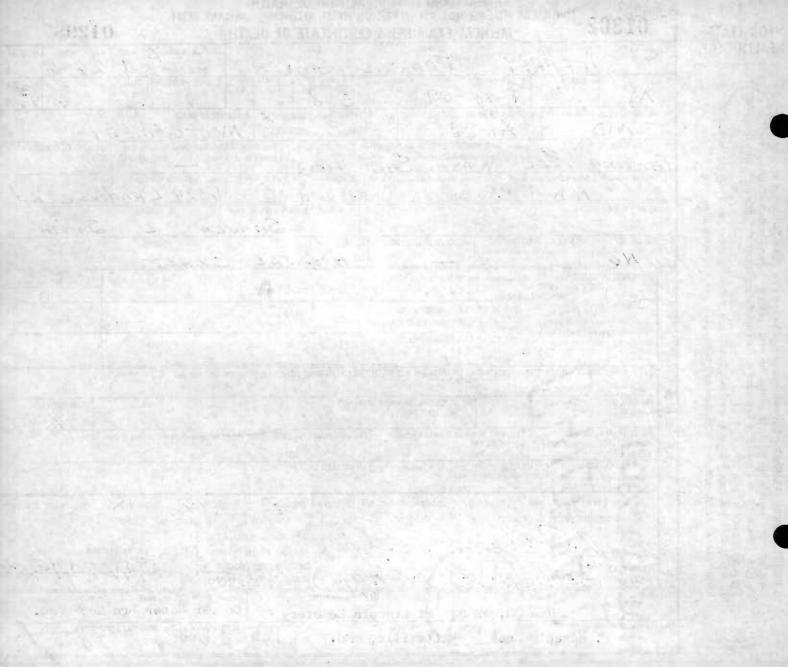
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VR A15 (4) 25M 1/67



1	Bt:	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			1298
HEALTH DEPT.			Doy Yeor 2b. HOUR 2 6 1968
deloy is day 3 to M3 Page trinerit of	3. \$		Yeor 1968 2d HOUR
idirm M3		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH NITY) ND AMER. WIDOWED DIVORCED MONT GOMER	4 1
fer death Give Pages/ ang with fdr th the State th.	7	AKOMA PARK WASH, SAN. HOSP. during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
haurs after de Item 18. Give F Office alang wi Land 2 with the after death.	0	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER COMMISSION) STATE NO 13b. COUNTY Geo Chevery YES No (6329 Land)	
24 haurs in Item 18 rr's Office es 1 and 2 vrs offer d	L	***	5miTH
within 24 Topencil in Examiner's File pages 172 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or doles of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS HOSPITAL C.BALT	
ecuted ing" in edical E ermit. F		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Acute, Severe, Interstitial	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
shauld be exo ne ward "pend a the Chief Me burial-transit po i in any event		Conditions, if ony, which gove rise to immediate couse (a), tabling the underlying course (b). DUE TO, OR AS A CONSEQUENCE OF (b) Pneumonitis DUE TO, OR AS A CONSEQUENCE OF	
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ertificate swriting the warded to warded to sed as a b caval, and	z	473 X	
fo fo	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M. P.M. 19	m 18.)
= 3 × + c	ME	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
ICAL tar. P ed fa CTOR buria		220. I certify that I took charge of the remains described above held on Autopsy Inspection . Inquiry . Inquiry . Inquiry . Inspection . Undetermined monner.	
DEPUTY CIC.		ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL EXAMINER 22b. DATE SI	IGNED
		EXAMINER'S NAME (Type) BELDEN KEAP 4 DEPLETY MEDICAD EXAMINER OF ADDRESS FOR CITY TO THE MEDICAD EXAMINER OF THE NAME (Type) BELDEN KENTER OF THE NAME (TYPE) BELDEN	77,1968
ひ 点 表 2 ひ 来		Burial Jan 30, 1968 Ft Lincoln Cemetery Colmar Manor Pro	
VR A15ME (5)	24.	F. Gasch's Sons Hyattsville, Md. 250 REF DBY REGISTRATE 250 REF DBY REGISTRATE ADDRESS DATE	GNATURE :

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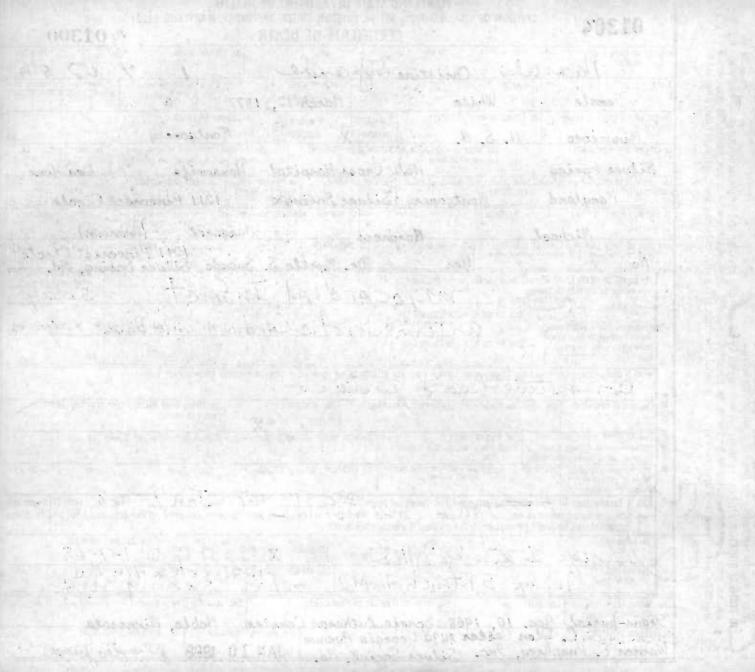
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01303 01299 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death Month 18 (Type or print) funeral Robert William Sohn January 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS. 3. SEX IF UNDER I YEAR 6. AGE (In years MONTHS DAYS last birthday) Male Cauc. 24 December 1967 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED X Charleston S.C. WIDOWED | DIVORCED | Montgomery USA **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion ond completely filled in director, page 3 should be detoched for use os the buriol-tronsit permit. Then please remove corbon paper, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) Naval Hospital Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER admission) STATE 13b. COUNTY YES NO N.Charleston 5717 Salvo Street 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Last SOHN Kelly Ralph W. Robbin 17. INFORMANT Charleston 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address S. C. (If yet give war or dates of service) Yeshno ar unknown) N/A SN Ralph W. Sohn, USN, 5717 Salvo St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

Congenital Heart Disease—transposition of the BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) great vessels DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION CAUSES OF DEATH? Jan. 17, 1968 Transposition gr. vessels VES X Yes NO 🖂 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (4) (this haspital) attended the deceased from Jan. 6, 19.68, to Jan. 18, 1968, that (1) (we) last saw the deceased alive an Jan. 18, and that in (A) (aur) apinian death accurred an the date and haur and from the causes stated abave, (we) (did) (six not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED.
DIRECTOR STAFF PHYS. Jan. 19, 1967 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Naval Hospital, Bethesda, Maryland Perry Ah-Tve. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) REMOVAL (Specify) 1-23-68 Jefferson Barracks Nat'l Cemetery, St. Louis, Missouri 24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Charles Funeral Home, 7557 Wisconsin Ave. Bethesda, Md DATEJAN 24 1968 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01304 CERTIFICATE OF DEATH 01300 1. DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR (Type or print) Month 3. SEX 4 RACE S DATE OF RIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS White March 12 YRS burial-transit permit. Then please remave carban papers. Pog burial, crematian, ar remaval, and in any event, within 72 haurs 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED requires that the death certificate be executed within 24 ha Ë. country) Montgomery WIDOWED TV DIVORCED [campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery odmission) STATE 14 FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First pup Margaret Unknown physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Yes, no, or unknown) I (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by the burial-transit Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF 4 may be retained by the hospital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) LQ. has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta O HOSPITAL OR ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES | NO X TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from Vec saw the deceosed alive on JAU 6 _1962, and that in (my) (evr) opinion death occurred on the date and haur and from the couses stoted obove, (I) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (Stote) REMOVAL (Specify) emetery Mable 250. REC'D BY REGISTRAR Scheie Lutheran Cometer 196R Glen Catter 8434 DDRESSORGIA Avenue VR A15 (4) Warner E. Inc. 30M REV, 1/68 Pumphrey.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01305 01301 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Lost 2o. DATE OF OEATH hours after death (Type or print) Month Rebe Florence 1968 Spencer IF UNDER 1 YEAR 4. RACE 6. AGE (In years IF UNDER 24 HRS 3. SFX S DATE OF BIRTH lost birthday) DAYS HOURS 4/3/1888 79 Female Caus. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED WIDOWED X Montgomery 24 remave carbon paper Avondale, Penna. filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within during most of working life, even if retired.)

Government Employee

INSIDE CITY LIMITS? | 13e. STREET AND NUMBER give street oddress INDUSTRY Wheaton campletély University Nuring Home II.S. Govern. burial, crematian, or remaval, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? requires that the death certificate be executed admission) STATE 13b. COUNTY YES X NO 14007 Eaole Court Rockville 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle First Browning attending physician a permit. Then please Thomas Roach Anne 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) No APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been s Page 4 may be retained by the haspital ar attending State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [NO [far use **O FUNERAL DIRECTOR:** After this certificate director, page 3 shauld be detached far us 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.O. No. City or Town County Stote OFFICE BUILDING FTC While Not while ot work 1960, to JAN 22a. I certify that (IP (this haspital) attended the deceased from. 1965, and that in (my) (our) apinian death accurred on the date and haur and fram the saw the deceased alive an 15 director, page 3 shauld shauld be filed with the causes stated abave. (1) (we) (did (did nat) view the bady after death 225 STGNATURE 22c. DATE SIGNEO ATTENDING DEGRE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Benjamin 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) DATEFEB 1968 30M REV. 1/68 umphreu

MARYLAND STATE DEPARTMENT OF HEALTH

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ATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01	302
Tag! (X)	DECEASED-NAME (Type or Print) RAYMOND A SPHAR 20. DATE KNOWN Month Day OF ESTI-DEATH MATED Jan. 7	7 1968 2b. HOUR
	MALE WHITE 11-23-21 6. AGE (in yours lift under 14 Hrs. 14 Hours Min. 2c. Date Pronounced Dead Months Oays Min. 2c. Date Pronounced Dead Month Day 7	Year 19 68 9 99
a /	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. WIDOWED DIVORCED MONTGOMERY WIDOWED DIVORCED MONTGOMERY	M
711.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if refired.) 120. USUAL OCCUPATION (Kind of work done lizb.) Give street oddress) ASH. SAN. 440SP	KIND OF BUSINESS OR PSTRY Purpose
9 75	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE PENNA. 13b. COUNTY WOBLESTOWN YES NO BOX 227	1
E -	FATHER'S NAME First Middle Shar Either march	Lost
72 haurs	3. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes give war obseles of service) 166. SOCIAL SECURITY NO. 17. INFORMANT (Hope give war obseles of service) 173-16-7/20 Robert Share R7D# Service	a, Pa
within 7	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Left Coronary Thrombosis with occlusion	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
I in any event within	410.9 DUE TO, OR AS A CONSEQUENCE OF	
eve	(anditions, if any, which gave rise to immediate cause (a), (b) Coronary Artery Heart Disease	
n hauftu	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
MEDICAL CERT		3.)
ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 21e. PLACE OF INJURY (At hame, farm, street, factory, affice building, etc.) 21f. LOCATION Street at R.F.D. Na. City at Tawn Co	ounty State
MEDICAL	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , death resulted from: Notural causes , Accident , Suicide , Hamicide , Undetermined monner	ond in my opinio
	ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CAPATE SIGN	FD
7	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS/SIZEPI, DRY 1994/10 FT (1994)	8,1968
2.	Bo. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETRY OF CREMATORY 23d. LOCATION (City or Town) (County Burial Grounds Rockville, Montg., P.	
D 1.	4. FUNERAL DIRECTOR ADDRESS AS PROCESTRAR'S GON Wheeler Funeral Home-1331 Rockville Pike DAJAN 18 1968	Judge.

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MAKTLAND STATE DEPAKTMENT OF HEALTH

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1		-			01000		C	ERTIFICATE OF D	EATH		01:	30/1
3	j.	215	7)		CEASED-NAME , First		Middle	Last	2a.	DATE OF DEATH		2b. HOUR
	eot	funeral 1 and 2 er degth	1)	(1	ype ar print) Lou	ise	Α.	STAM		Jan. 1.	1968 Year	10:30 M
	ы	fun		3. SE		4. RACE		S. DATE OF BIRT	TH .	6. AGE (In year	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	aft	ESE			Female	White		Dec. 3	1879	last birthday	YRS. MONTHS DAYS	HOURS MIN.
_	Urs	E 46		7a. E	BIRTHPLACE (State or foreign	75. CITIZEN OF WHAT	COUNTRY?	B. MARRIED NEVER MARRI		UNTY OF DEATH	TIG.	
	4 ho	E SE		caur	Maryland	U. S.		WIDOWED DIVORCE		Montgome	ry	Md
	in 2	filled n pape thin		10. C	ITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL OR INST	TUTION (If not in haspital	12a. USUAL OCC	UPATION (Kind of work	dane 12b. KIND 0	OF BUSINESS OR
	with	bon wit	70		ethesda		eet address) Sub	urban Hosp.	Homem	working lite, even it ret aker	ired.) INDUSTRY	
	ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.	ician ond completely fille lease remove carbon pa ond in any event, within	15	13a. admi	USUAL RESIDENCE (Where decedersion) STATE	I 13b. COUNTY	Residence before	. hotti	d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUME 5516 Ced		ay
	exe	d cc mo	1	14. [ATHER'S NAME First	Middle	Last	IS. MOTHER'S MAID	DEN NAME First	Mic	idle	Last
	pe (e rem	- 1		Colin	Ferguson	n Stam	Annie	e Rober	ts		
	ote	leas		16a.	WAS DECEASED EVER IN U.S. AR		b. SOCIAL SECURITY NO		Sister	Add		
	ţi.	hys n p		L	es, na, ar unknown) (If yes give	Wall of dates of service)	17-3 2-	1293 Susan	R.Stam	Same		
	Ger	ottending physician o permit. Then please on, or removal, ond ir			18. CAUSE OF DEATH (Enter a	nly ane cause per line	far (g) (b), and (c).)		Section.	0		XIMATE INTERVAL I ONSET AND DEATH
	ath	andii.			PART I. DEATH WAS CAUSI	ED BY: NATE CAUSE (a)	dono	orceno	ma o	5 cecu	en	
	e d	otte pern on,			150,0	DUE TO, OR AS	A CONSEQUENCE OF	of the	. 4		,	HITTELL 18
	두	the sit p			Canditians, if any, which gave		wan m	econon	DIOL	ner y		
	tho	by rons			rise to immediate cause (a), stating the underlying cause		A CONSTOUENED OF	1 . 10)	1	6+	mo
	res	priysticin. signed by the ottendi buriol-tronsit permit. buriol, cremotion, or re			last.	(c)	or cacel	y an array	omen		- /	,,-0,
	inbe				PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTIN	IG TO DEATH BUT NO	RELATED TO THE TERMINAL D	DISEASE OR CONDITI	ION GIVEN IN PART I(a)		
	×	the to		NO	1550	100						45.65
	0	ospilal of alternang certificate has been hed far use as the of Health prior to	1	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH	OPERATION WAS PERI			20b. IF YES, WERE FINE CAUSES OF DEATH?	DINGS CONSIDERED IN	CERTIFYING
	T	e se se e	1	RTIF				YES 🚺	NO 🗌			
	AN	icote Far U			21a. ACCIDENT WAS UNDERLYS		Month Day Year	21c. HOW INJURY OCCU	RRED (Enter natur	e af injury in Part 1 ar f	Part 2, Item 18.)	
	Dis	of Tile		MEDICAL	(If either, natify medical exam	iner) P.M.	19				3-15 7	
	HY	by the hospital of aneitaing ther this certificate has been be detached far use as the State Dept. of Health prior to		Z	21d. INJURY OCCURRED 21e	PLACE OF INJURY CAT	FOME, FARM, STREET, FACTO FEICE BUILDING, ETC.	ORY.) 21f. LOCATION Street	ar R.F.D. Na.	City ar Tawn	Caunty	State
	5	te det		- 3	at work at wark			0 101	1 10/2	1-1-00	0006	. (1) ())
	N 3	Afte be Sta			22a. I certify that (I) (the saw the deceased	his hospital) attend	ded the deceased	and that in (my)	18-7.	death accurred and	2, 1900, the	if (I) (we) las
	EN	ECTOR: A should with the			causes stated abov	e, (1) (200) (di	id nat) view the b	ady after death.	por) aprinan	deam accorred an i	ne date and nao	I unu mum me
	AT	Shoul shoul		ь	22b. SIGNATURE	2. 1.	1	n D ATTENDING	MED.	CTAFF	22c. DATE SIGNED	68
	8	DIR Bedy			CAN. 1	rencu	ne 11	DEGREE ATTENDING PHYS.		PHYS.	2000	100
	O HOSPITAL OR ATTEND	roge 4 moy be retuined by in the functor, page 3 should be dischool be dischool be dischool be dischool be dischool be state.	1		22d. PHYSICIAN'S NAME (Type)	1CHW	INE h	4D, 235 ADDRE	1/2V/	CHASE	20010	Encl.
	HOS	ectconfector only		23a.		DATE		METERY OR CREMATORY		LOCATION (City or Town		(State)
	0	5 9 A		1	REMOVAL (Specify)	5-68	Rock Cr	reek Cemete		Vashington		
				24.	FUNERAL DIRECTOR		ADDRESS	2	Sa. REC'D BY REG		STRAR'S SIGNATURE	200
		VR A15 (4) 30M REV. 1/	68	R	DBERT A. PUN	IPHREY, B	ethesda	Md.	DATIJAN	5 1968	ares Ja	1

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after TO HOSPITAL

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death. Page 4	0	di.	2	
	IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med		Le filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours at	
	VR	SM	7.	
	1:	JM	, ,	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

0130 01305

1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmis			
Montgomery MARYLANI	. STATE Maryland b. COUNTY Montgomery			
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)			
write RURAL end give neerest town) Chevy Chase 26 years	Chevy Chase			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. 15 RESIDE			
4501 Leland Street	4501 Leland Street			
3. NAME OF DECEASED (Type or print) KETURA GERTRUDE	STANT OF Jan. 27, 19			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H			
Female Cauc. WIDOWED TO DIVORCED	Dec. 9, 1885 last birthdey) Months Deys Hours Mi			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Teacher 13. FATHER'S NAME	Indiana 14. MOTHER'S MAIDEN NAME			
William Hyatt	Jane Jackson			
(Yes. no. or unkown) (Ifvestiva war or detas of service)	Ary S. Dollins Silver Spring, Mo			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ARREST INTERVAL BETWEE ONSET AND DEAT 15 MIN			
Conditions, if envy which geve rise to immediate cause (b) MYCCARDI	AL INFARCTION 30 MI			
(a), stelling the underlying DUETO ARTERIOSC	LEROTIC HEART DISEASE 4 YRS			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTO PERFORME YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT TO A BETES 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRED. (Enter neture of injury in Pert I or Pert II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour e.m. p.m. 19 20d. INJURY OCCURRED 20e. While Not While at work et work	PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended the deceased from the deceased alive on 1 AN 24 19.68, and the deceased	hat death occurred a LCP.M, from the causes and on the date stated abo			
220. SIGNATURE	M.D. ATTENDING MED. PHYS. ATTENDING DIRECTOR PHYS. AND ANDRESS			
22c. PHYSICIAN'S NAME (Type) THOMAS F. O'CONNO	R 8218 WISCONSIN AVE, BETHESDA,			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)			
Burial 1-31-68 Crown Poil	nt Cemetery Kokoma, Indiana			
	256. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
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Mary S. Dolling 412 Register Ave.

THE RESERVE OF STREET, STREET,

1-31-58 Grown Point Convicts Robour, indiana

RUBERT A. PERFELDING Setheron, Larry on a Louise

VR A15 (4) 25M 1/67

IS RESIDENCE ON A FARM?

Year

1F UNDER 24 HRS

Hours

INTERVAL BETWEEN

WAS AUTOPSY PERFORMED? NO X

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(Stote)

NO X

YES

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR signed by the attending physician and completely filled in by the Funeral burial-transit permit. Then please remave carbon papers. Pages 1 and 5 burial, crematian, ar removal, and in any event, within 72 haurs after death January Month 30 Day 68 Year (Type ar print) John Bradford STETSON 9:15R afrer de 4. RACE 6. AGE (In years last bighday) 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS Male Caucasion 28 OCT 1921 requires that the death certificate be executed within 24 haus 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Pennsylvania United States Montgomery County WIDOWED | DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) Bethesda Naval Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN Beacht INSIDE CITY LIMITS?

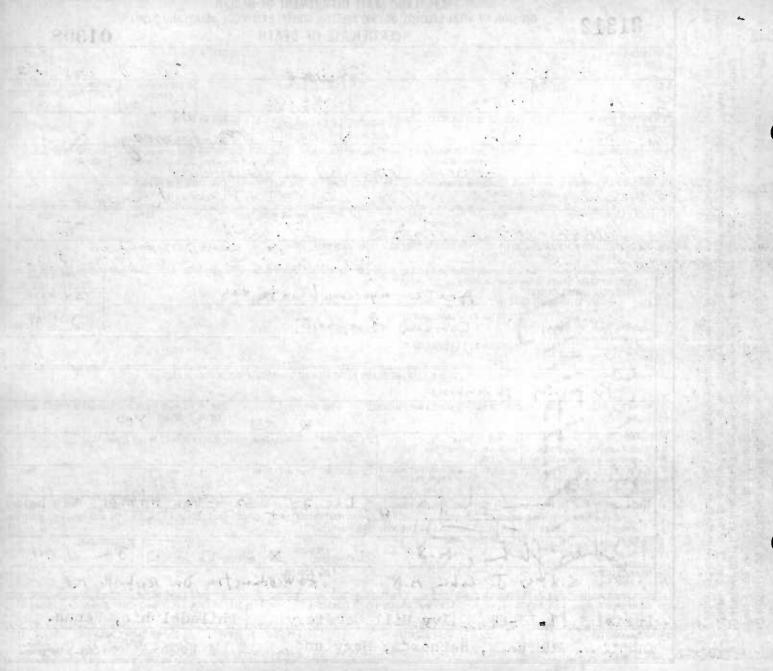
Atlantic Beacht No

13b. COUNTY 13e. STREET AND NUMBER Florida 1705 OCEAN BLVD. 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Bradford STETSON Melvina URBAN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Addres Beach. Florida Yes, nevor unknown) Nancy M. STETSON 1705 Ocean Blvd, Atlantic 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Leiomyosarcoma retroperitoneum BETWEEN GINSET AND GEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗍 Yes YES. 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21d. INJURY OCCURRED
While Nat while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State 22a. I certify that (X) (this hospital) attended the deceased from 20 NOV, 19.67, to 30 JAN, 19.68, that (X) (we) last saw the deceased alive on 30 JAN 19.68 and that in (00) (our) opinian death occurred on the date and hour and from the causes stated abave (() (we) (did) (200 Not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED.
DIRECTOR STAFF PHYS. 31 Jan. 1908 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Naval Hospital. Bethesda. Md. FOUTY, M. D. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23b. DATE (County) REMOVAL (Specify)
Burial 2/2/68 Arlington National 2Sa. REC'D BY REGISTRAR Falls Church Funera 100 Home Broad St., Falls Church, Va. 24. FUNERAL DIRECTOR VR A15 [4] 1102 West DAFEB 30M REV. 1/68

MAKTLAND STATE DEPARTMENT OF HEALTH

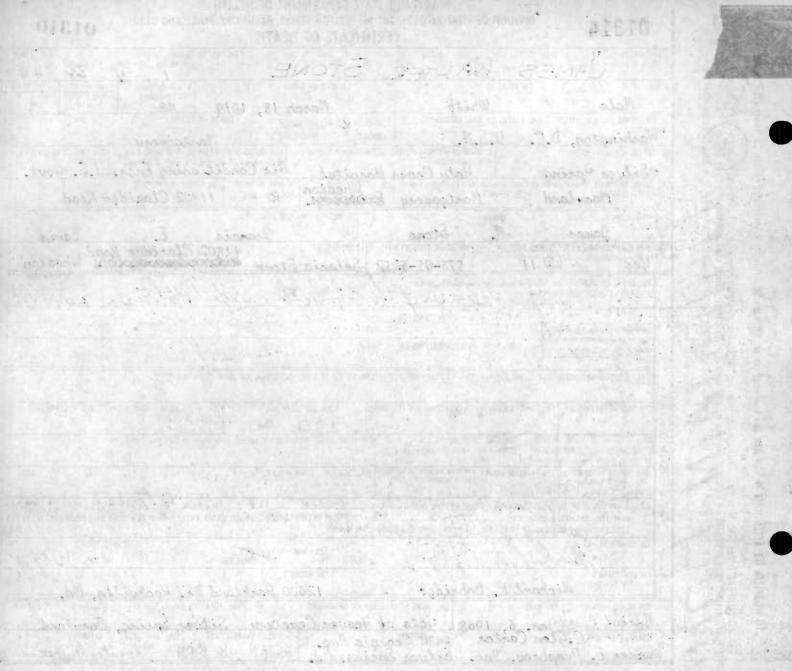
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01312 CERTIFICATE OF DEATH 01308 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. (Type or print) -Month signed by the attending physician and campletely filled in by the funeral burial-tronsit permit. Then please remave carban papers. Pages 1 and burial, cremation, ar removal, and in any event, within 72 hours after death 40 Wary 3. SEX 4. RACE IE UNDER 24 HRS requires that the death certificate be executed within 24 hours after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) DAYS HOURS YRS. 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 45 WIDOWED X DIVORCED 10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION Kind of work dop 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY campletely f ousewite 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗀 NO T 14. FATHER'S NAME S. MOTHER'S MAIDEN NAME First Middle Lost ObIN AVIS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, go, ar unknown) (If yes give war or dates of service) Schulantsville attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) myocardia hrs. DUE TO, OR AS A CONSEQUENCE OF thrombosis Conditions, if any, which gave) orohar rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) thrombosis has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YOS YES 🔀 NO [**TO FUNERAL DIRECTOR:** After this certificate director, page 3 shauld be detached far us 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (1) (this hospital) attended the deceased from Dec 29, 1962, ta 2au saw the deceased alive an 1960, and that in (my) (out) apinian death accurre , and that in (my) (ear) apinian death accurred an the date and have and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S Sid Dr. Rochville, Md. Cohen, M.D. NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Philadelphia, Penna. 1-13-68 Ivy Hill Cemetery 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland JAN 30M REV. 1/68

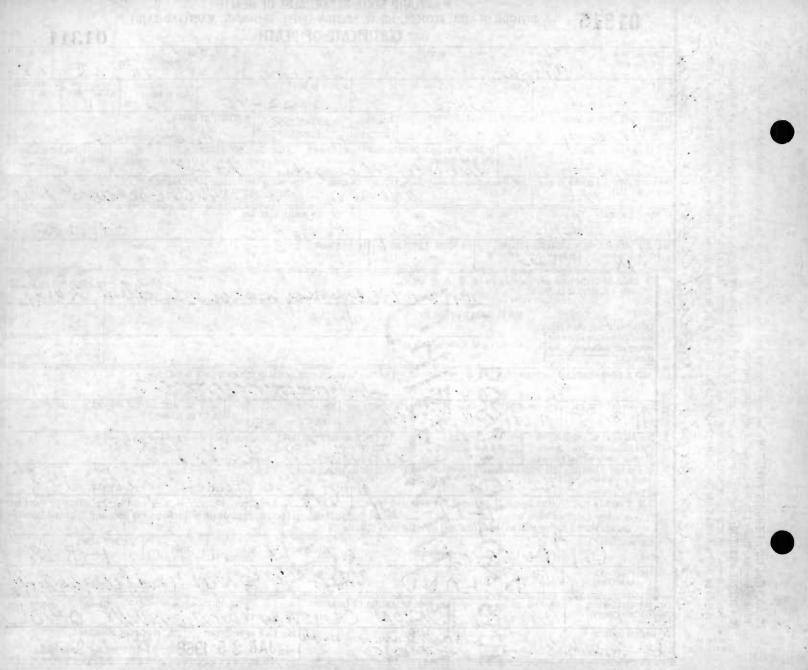


MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01315 CERTIFICATE OF DEATH 01311 DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR voi papers. Pages Tand (unera) (Type or print) Month 3 SFX 4 RACE 6. AGE (In years IF UNDER I YEAR S. DATE OF BIRTH ofter lost birthday) MONTHS DAYS HOURS 75 2-22requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) .⊆ WIDOWED [DIVORCED [lontgomery campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** remave carbon When too NONE event, 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? admission) STATE 13h COUNTY 4656 GARFIELD ST. N YES T NO [in any 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First STOCKER ulius STORING EGINA please priar ta burial, crematian, ar remaval, and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. .. 17 INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gove) rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) use as the 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION CAUSES OF DEATH? director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health TO FUNERAL DIRECTOR: After this certificate directar, page 3 shauld be detached for us 21c. HOW INJURY OCCURRED . (Enter nature of injury in Part 1 or Bort 2, OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 217. LOCATION Street of OFFICE BUILDING FIXED 21d. INJURY OCCURRED PLACE OF INJURY While Not while 22a. I certify that (I) (this haspital) attended the deceased from_ 160 D, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. couses stoted obove, (17) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR PHYS. ADDR665 22d. PHYSICIAN'S NAME (Type) 230. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (Stote) 23b. DATE REMOVAL (Specify) 5/30 COPORESSONSIN BU. MU 250. REC'D BY REGISTRAR SUNERAL DIRECTOR 30M REV. 1/68 11/85H.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01312 01316 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR (Type or print) Month. ARRI 6 AGE (In years IF UNDER | YEAR IF UNDER 24 HRS. 3. SEX 4 RACE S. DATE OF PIRTH lost birthday) DAYS HOURS MONTHS burial-transit permit. Then please remave carban papers. Rages burial, crematian, ar remaval, and in any event, within 72 hours alt # mai YRS within 24 hours 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) .= WIDOWED [DIVORCED [monteamer filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION UKING of work dome 12b. KIND OF BUSINESS OR give street oddress INDUSTRY during most of working life, even if retired.) completely 2uburba OREMAN 3d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES 🔽 NO T Inna 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle and physician c 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) attending phy APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) the signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has been irector, page 3 shauld be detached far use as the hauld be filed with the State Dept. af Health priar ta O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 190, DATE OF OPERATION CAUSES OF DEATH? YES 🗍 21o. ACCIDENT WAS DIDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov P.M (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from... saw the deceased glive on? and that in (my) (our) opinion death occurred an the date and hour and fram the director, page 3 shauld shauld be filed with the couses stated abave, (1) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR DEGREE PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b. DATE NAME OF CEMETERY OR CREMATORY 23da LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION (County) REMOVAL (Specify) 0 2So. REC'D 24. FUNERAL DIRECTOR Maries 30M REV. 1/68 DATE

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01317 CERTIFICATE OF DEATH I. DECEASED-NAME Last 2o. DATE OF DEATH 2b. HOUR 24 haurs after death (Type or print) Month 26 THELIS В. STUART Jan. 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) HOURS Female White Dec. 12. 1909 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH filled in page 17. country) U. S. WIDOWED X DIVORCED | Montgomery Virginia
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)

Principal give street oddress) School School Bethesda remave carban Bethesda 7803 Custer Road

130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery YES 5 NO ON 7803 Custer Road Bethesda 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Last J. W. Bowden Lucie Courtney Address 808 Law Rd 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Zolly Bowden Fayetteville, N.C. 219-36-7644 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) CARCINOMS STOMACH BETWEEN ONSET AND DEATH MONTIE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove) LIVER METASTASES 3 MONTHS burial-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? NO DO YES 🗍 TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital ar 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 1963, 19, ta 3, 19, 19, ta 3, 19, 19, that (1) (we) last saw the deceased alive an 1963, 199, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE STAFF PHYS. 1-26-68 director, page 3 shauld be filed v DEGREE PHYS. DIRECTOR Washington Clinic 22e. ADDRESS PHYSICIAN'S NAME (Type) Washington. D. C. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, PEMOVAL (Pesity) 1-29-68 Parklawn Cemetery Rockville. Maryland 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland VR A15 (4) 196B 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01314 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR (Type ar print) Victor C. SWEARINGEN Manth January 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Male Caucasian 68 1 June 1899 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? requires that the death certificate be executed within 24 hour 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED and completely filled in leose remove corbon papers. ond in any event, within 72 ha country) Montgomery Kentucky USA WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY attending physician and completely formit. Then please remove corbon Bethesda Naval Hospital

13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE
District of Columbia YES Washington 6436 Barnaby Street. 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Leng Hubble Charles C. Swearingen N.W. Washington 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address Yes, no. or unknown) (If yes give war or dates of service) Mrs. Beth Swearingen, 6436 Barnaby Street. burial, cremation, or removal, 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c),
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congesti BETWEEN DISET AND DEATH congestive heart failure Thour DUE TO, OR AS A CONSEQUENCE OF tiprillation Canditians, if any, which gave (b) atrial buriol-tronsit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse heart disease warteriosclerotic PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 moy be retained by the hospital or attending FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? Yes YES X NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County While Nat while at work 22a. I certify that (x) (this haspital) attended the deceased from Dec. 26 , 1967 , ta Jan. 15 , 19 68 , that (x) (we) last saw the deceased alive an Jan. 15 1968 , and that in (1964) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** Jan. 16, 1968 DEGREE DIRECTOR Naval Hospital, Bethesda, Md. PHYSICIAN'S James L. Snyder, M.D. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (Stote) (County) REMOVAL (Specify) -18-1968 Virginia Arlington National Arlington 968 REGISTRARY SIGNATURE Jos. Gawler & Sons ADDRESS 2Sa. REC'D BY 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 5130 Wisconsin Ave., N.W. Washington, D.C.

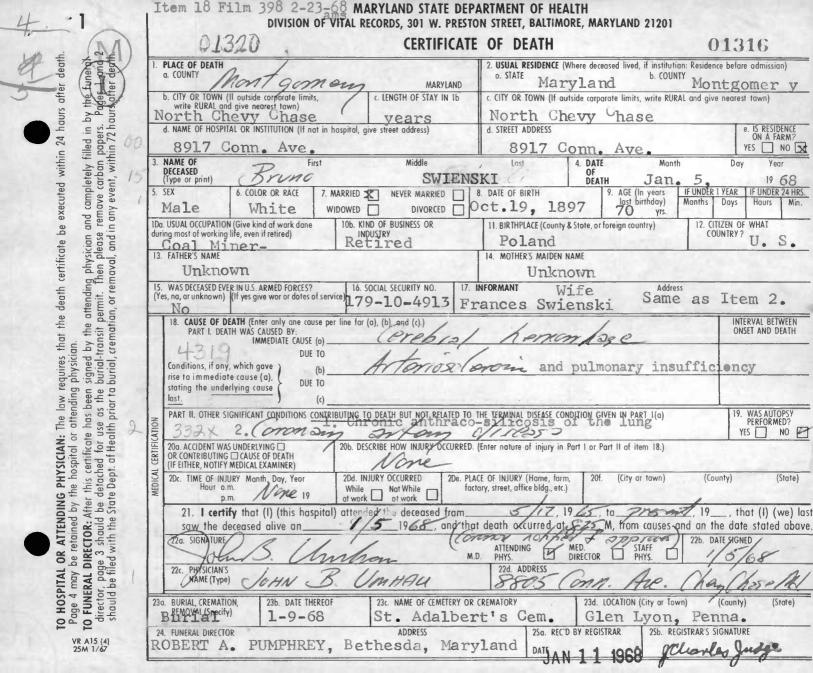
MARYLAND STATE DEPARTMENT OF HEALTH

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Page 4 may be retained by the hospital ar attending physician. Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be detached for use as the burial-tremation, ar remaval, and in any event, within 72 haurs after death.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA' Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CON	BY: TE CAUSE (a) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE OF ACCOUNTS	ia viscle	rosio HE TERMINAL DISEAS	coeff SE OR CONDITION	GIVEN IN PART 1(0)		Sever	et and death
It: The law ar attendin te has beer use as the oath priar t	CERTIFICATION	19a. DATE OF OPERATION 19b. C		HICH OPERATION WAS PI			NO 🗆 C	Ob. IF YES, WERE FIND AUSES OF DEATH? f injury in Part 1 or F			TIFYING
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin 21d. INJURY OCCURRED While Nat while at work 220. I certify that (II) (thi	HOUR A.M. P.M. PLACE OF INJURY	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ed from	TION Street or R.F.	.D. No.	City or Town Can Can Can Can Can Can Can C	. 19	County 6 8-that	State () (we) la nd from th
SPITAL OR ATTE 4 may be retaine IERAL DIRECTOR ar, page 3 shoul d be filed with th		causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Wilfre	Elirs	mantraut,	M.D.	ATTENDING PHYS. 22e. ADDRESS 11125	Rockvil	STAFF PHYS. le Pike,	Rock	TE SIGNED 7//// 2085 ville,	8 52 Md.
Page O FUN direct shoul	230.	BURIAL, CREMATION, 23b. D	ATE N. 15,1		CEMETERY OR CO			CATION (City or Town PITTSFIEL		(County) MASS	(State)
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE KNOWN[7] Month Day 2b. HOUR (Type or Print) John Switzer ESTInone-Jon. DEATH MATED X 3. SEX 4. RACE 2c DATE PRONOUNCED DEAD PM3. NOV-20-1918 land 2 with the State Depart 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH WIDOWED DIVORCED [pencil in Item 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR, TOWN odmission) STATE . 13b. COUNTY Montgomery 13athes de 13d. INSIDE CITY LIMITS? after death YES NO be executed within 24 hours 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Last Viller Katharine poges haurs 16b. SOCIAL SECURITY NO. 17. INFORMANT Wife Same as Item 13. (Yes_na, or unknown) 578-09-9740 Anna E. Switzer File _ within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending Asphyxia by Honging 2 Min IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise ta immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [NO IX pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, City ar Tawn County factory, office building, etc.) NOT WHILE Montgomein Me 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X ond in my opinion Notural couses . Accident . Suicide X deoth resulted from: Homicide moy be retoined FUNERAL DIRECT Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health JOHN G. BALL ADDRESS(Street, city, town, or county) Bethesda. NAME (Type) 50 230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 1-11-68 Ft. Lincoln Cem. Prince George County, Md. Burial 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR PUMPHREY. Bethesda, Maryland VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01318 DECEASED-NAME First Middle 20. DATE OF DEATH 2b. HOUR ond. 2 after death funerof (Type or print) Month OPM WODE ouman 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdoy) MONTHS DAYS HOURS 45 requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN 8. MARRIED NEVER MARRIED country) DIVORCED | WIDOWED Montanuer signed by the attending physicion and completely filled buriol-tronsit permit. Then pleose remove corbon pap buriol, cremotion, or removal, ond in ony event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY Orchestra usician 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY YES NO Middle 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First SUMPR Bowman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war ar dates of service) 577-24-699 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the chard he filed with the Stote Dept. of Heolth prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram 1919, 1919, 1919, ta 1939, 1948, that (1) (we) last saw the deceased alive on 1919, and that in (my) (aur) apinian death accurred an the date and haur and fram the be retained causes stated abaye, () (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City of Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (State) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) 1/6/68 Ft Lincoln Bladensburg 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

A THE RESIDENCE OF THE PROPERTY OF THE PROPERT PIETO MALES MAN

- 1		01323		NU STATE DEPARTME			
		01070	DIVISION OF VITAL RECORDS				
				CERTIFICATE OF D	PEATH	01	1319
		CEASED-NAME First	Middle	Last	2a. D	ATE OF DEATH	2b. HOUR
	(1	ype or print) B/a	uche	1 ea b 6	0 00	Month Day	1968 VI-0019
	3. SE		4. RACE	S. DATE OF BIRT	TH C	6' AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		Temale	C	2 + 1	25 10	last birthday)	MONTHS DAYS HOURS MIN.
		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRI		RS. YRS.	
	cour	itry)	11 5 0	WIDOWED DIVORCE	LU		
1		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OF I	NSTITUTION (If not in hospital		ntaomery PATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
1	3		give street address)		during most of we	orking life, even if retired.)	INDUSTRY
		Wash Grove	sed lived, if institution: Residence before	105 Grove Ave.	Housewa	te	own home
700	adm	ssion) STATE	, 13b. COUNTY,	1	d. INSIDE CITY LIMITS? YES NO NO	13e. STREET AND NUMBER	Ave.
5	-	Marylan		Wash, yrove	- 2	K KKKKKK	
,	14.	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIL	DEN NAME First	Middle	Lost
		Thomas	C. Koontz	Ada		Barr	on
		WAS DECEASED EVER IN U.S. ARA es, na, ar unknown) (If yes give w	var ar dates of service)			Address	
		no	216-46-11		Jeene .	1 Circle Was	
		18. CAUSE OF DEATH (Enter an	lly ane cause per line far (a), (b), and (b)	().)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (0) My 3	carde tis			
		4dx X	DUE TO, OR AS A CONSEQUENCE O		11111		
		Conditions, if any, which gove					
		rise to immediate couse (a), stating the underlying cause	(b)	F			
		last.	(c)	Mark Company			
		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE OR CONDITION	N GIVEN IN PART 1(a)	-
		4)))	To the state of th	TO THE LEMINITE L			
	TION	19a. DATE OF OPERATION 119b.	CONDITION FOR WHICH OPERATION WAS F	PERFORMED 20g. AUTOPS	Y2 T	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
ı	FICA	170.	The state of the s	YES T		CAUSES OF DEATH?	S. S. SERVIN IIIV
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY			of injury in Port 1 or Port 2, 1	Item 181
		OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Month Day Yea		vven femal manna	ar injury in ron a air ran 2, i	лент 10.)
I	MEDICAL	(If either, natify medical examinated 21d, INJURY OCCURRED 21e.	ner) P.M.	19	D.C.D. N	Ch. T	6
	-	While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, E OFFICE BUILDING, ETC.	211. LOCATION Street	or K.r.D. No.	City ar Tawn	Caunty State
I					10		7 E 1 10 1 11 11 11 11 11 11 11 11 11 11 11
ı	0	22a. I certify that (I) (th	is haspital) attended the decea live an	sed from 19 60	, 19, t	a_//6, 19_	68, that (I) (we) last
		causes stated above	e, (I) (we) (did) (did not) view the	hody after death	(aur) apinian de	earn occurred on the da	re and naur and fram the
		22b. SIGNATURE	or (1) (wo) (aid) (aid not) view int	Joseph and adding		220	DATE SIGNED
	4	(ne	ions 1. Cool	DEGREE PHYS.	MED. DIRECTOR	STAFF D	-16-1968
		22d. PHYSICIAN'S /	1	22e, ADDRE		- rnis	
			iano 1. Lea	1 1081	V. FREDERIC	CHAUE GAITHA	ERSBURG And
	22.	BURIAL CREMATION 23b.		F CEMETERY OR CREMATORY			(County) (Chata)
	230.	BURIAL, CREMATION, REMOVAL (Specify) 23b.				OCATION (City or Town)	(County) (Stote)
	24	FUNERAL DIRECTOR	Jan. 20. 1968 Roc	k Creek Cemeter	Sa. REC'D BY REGIST	RAR 256. REGISTRAR'S	SIGNATURE
	14.	- Clark	E. Wisor Silver	Spring Md.	DATE JAN 2		
	W	arner E. Pumph	rey Inc. 8434 Ge	maia Hue.	DAIL OUL C	1000	

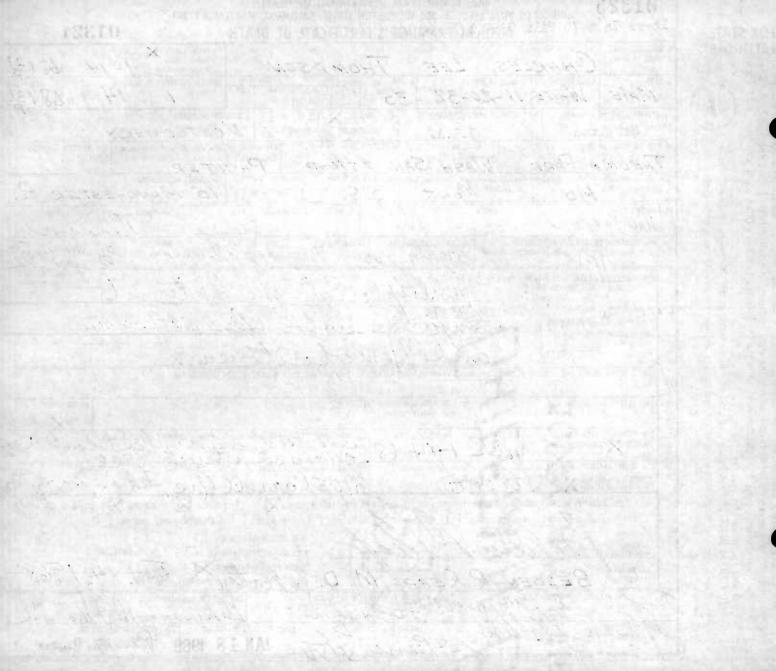
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		#1 u.a.v. (#6)	Maliner Contract
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San Landon March	en Jano-ro Jaka	She Linus	
	RIS MALERIA CARRE		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01324 CERTIFICATE OF DEATH 01320 after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits CLENGTH OF STAY IN 1b write RURAL and give nearest tawn law requires that the death certificate be executed within 24 hours mos Silver Spring e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 907 Lamberton Drive delph Hills N.H-4611 Randolph YES NO 20 event, within NAME OF 4. DATE Year pan DECEASED January 14, 1968 (Type or print) DEATH 200 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Days Haurs whiTe WIDOWED E June 1, 1886 DIVORCED and 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of warking life, even if retired)

Tailoring COUNTRY? physician on please INDUSTRY Lithuania Tailor U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Shmuel Pinhas Rose Corsicas 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 8201 - 16th Street, Silver Spring, MD. 226-44-9019-A Mrs. Frieda King CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ARTERIOSCIEROSIS IMMEDIATE CAUSE (a) physician DUE TO reneralized AThero sclerosis Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the has been last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed far use of Health p ARTERIOSCHEROTIC NO K 15Case certificate 20b, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH etached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Hame, farm, (State) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year TO FUNERAL DIRECTOR: After this Haur o.m factory, street, affice blda., etc.) Nat While 1968, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. be retained 1968, and that death occurred at 5:30 AM, from couses ond on the date stated abave. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. M.D. director, page should be filed TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) BenACK MO 4115 Colie DRIVE Wheaton 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) King David Memorial Garden Falls Church, Virginia Jan. 16, 1968 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Donald M. Stein VR A15 (4) 25M 1/67 St., N.W., Wash., D. GATE JAN Hebrew Memorial Funeral Home

THE SECOND PROPERTY OF THE PRO

2 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Items 7a & 7b Film Webica(2examiner's Certificate of Death 01321	
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Day Year	2b. HOUR
000	(Type or Print) CHARLES LEE THOMPSON OF ESTI- DEATH MATEO 1-14 19	68/27
d 3 to 15	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c: DATE PRONOUNCED DEAD	2d. HOUR
ny delay i 2, and 3 t PM3. Pag	MIAIE WHITE 11-20-32 35 YRS.	28/3m
1, 2, E	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) MIDDINGS D. DIVORCED DI	
ath Cages ith farr	COUNTRY) Maryland U.S.A. WIDOWED DIVORCED MONTGOMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF	Md.
haurs after death tem 18. Give Pages 1, Office alang with farm and 2 with the State	TAROMA PARK give steel oddress, SAN. & HOSP. during sost of working life, even if retired.) INDUSTRY	DOSINESS OK
s after 18. Give alang	130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	0
rs a 18. ce al	odmission) STATE MD. 13b. COUNTY MONT. 5.5. YES NO 15 MANCHESTER	e FL,
hin 24 haurs after de ncil in Item 18. Give P niner's Office alang wi pages I and 2 with the hours after death.	14_FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Frances	Lost
INER: This certificate should be executed within 24 haurs after death e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be forwarded to the Chief Medical Examiner's Office along with farm files. 3 should be used as a burial-transit permit. File pages I and 2 with the State be not remayed, and in any event within 72 haurs after death.	160. WAS DECEASED EXIST IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 579 40 250 Mrs. Marry a. Harry a. Harry a. Harry a.	clarter
d wit in per Exan File n 72		MATE INTERVAL
be executed "pending" in hief Medical E ansit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Extreme Internal	NSET AND DEATH
be execute "pending" nief Medical ansit permit	DUE TO, OR AS A CONSEQUENCE OF	
be "pe hief ansi	Conditions, if any, which gave rise to immediate cause (a), (b) Injuries with Nemolitoral	
This certificate should be executed within icate, writing the ward "pending" in pencil be forwarded to the Chief Medical Examine! be used as a burial-transit permit. File pagar remaval, and in any event within 72 hau	stoting the underlying couse DUE TO, OR AS A ONSEQUENCE OF last.	
g the ved to the sad to the sad to the sad on the sad on the sad on the sad in the sad i	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
fical ting rded as as	z 7234	
his certific ate, writin te forward be used as	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Ogy, Year 21c. HOW INJURY OCCURRED Onter nature of injury in Part 1 of Part 2, Head 18.1	OPSY?
his ate, be to be t	YES YES	NO 🗆
AL EXAMINER: This execute the certificate, rr. Page 4 shauld be for your files. TOR: Page 3 shauld be to urial, cremation, or ren	210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. IDCATION Street, or R.F.D. No. City of Jown	etal of
		State
EXAMINER; cute the certifoge 4 should reyour files. : Page 3 should, cremation, il, cremation,	AT WORK AT WOR	eta m
ICAL EXA execute for. Page ed for you CTOR: Page burial, cre		ny apinian
se e ctor ned ned bu bu	death resulted from: Natural causes , Accident Suicide , Hamicide , Undetermined manner	
please e I director retained	ACTUAL CHIEF MEDICAL EXAMINER 22b, DATE SIGNED	
ury, ple eral di eral di RAL DI prior	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER LI	010
cesso e fun may Fune	NAME (Type) BELDEN R. READ M. D. ADDRESS SERVICE OF COUNTY) ATTO	168
5 章章 2 5	230 BURIAL CREMATION, REMOVAL (Specify) 23b. DATE 19-19-23c NAME OF TEMETERY OR CREMATORY 23d MOCATION (City or Town) (Coving Coving Co	(State)
	24. ELIMERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. BESTSTRAR'S SIGNATURE	
VR A15ME (5) 10M REV. 1/68	DATE JAN 18 1968 Volumen In	digit



DESCRIPTION OF DESCRIPTION OF MAKE AND A VERY ADDRESS OF THE PROPERTY OF THE P SSELEO HELEN E. THORNE SON SEC. 18 S. CAU 12/29/14 SELVER SON WAS THAT EAST HEATHER THE WESTERNEY AND THE REPORT OF THE PROPERTY CONFESTOR HEART FASTURE -NEUTE MOCHESSAL THEAREST FOR MATERIOSCLEROTTE HEART DISEASE 1/22/28 TRACHEOTORY CAPACING ARKEST = 12/21 87 11/21 THE STATE OF THE STATE AND TOTAL STATE OF THE STATE OF TH The transfer of the state of th

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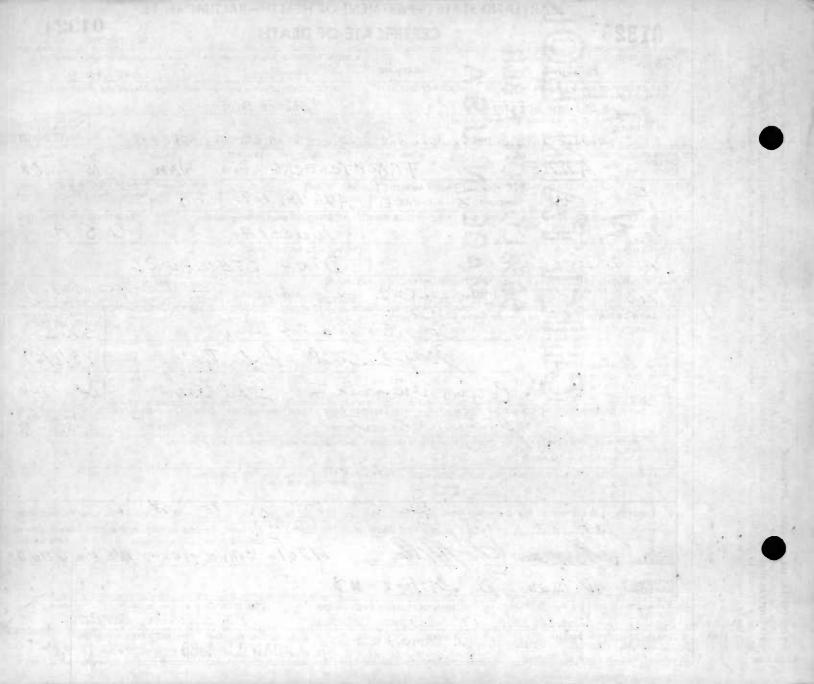
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01328

CERTIFICATE OF DEATH

01324 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Montgomery Maryland	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Manuland Montagery
b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest town) Silver Spring	c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) Silver Spring
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 8201 - 16th Street, Apt. 524	d. STREET ADDRESS 8201 - 16th Street, Apt. 524 e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First Middle	Last 4. DATE Manth Day Year OF DEATH JAN 15 1968
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH AUG 16, 1890 9. AGE (In years last birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? [Cussia] (1.5. A.
DAVID EISENBERG	DINA STEINBERG
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 220-4/4-800Z	Charles Stern 1220 East-West Hghwy. #20 Silver Spring, Maryland.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	Pleast Failue Interval BETWEEN ONSET AND DEATH 3 km
Canditions, if ony, which gave rise to immediate (b)	ndid Inforction 12/6/67
couse (a), stoting the under. Due to Coronary Orlene	aslesti Glast Deiling. Dec 1964
5 4201 Hypertension, Cra	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\text{NOT} \) NO \(\text{NOT} \)
20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I ar Part II af item 18.)
Zoc. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40e. Pl While Not while at wark at work at work	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) octory, street, office bldg., etc.)
21. I certify that I attended the deceased from Doc olive on 19 6 and that death	h occurred at 2.5 M, from the causes ond on the dote stoted obove. A ADDRESS (Street, city ar tawn, state) M.D. 4201- Connection AVE.N.L. WISH D
PHYSICIAN'S William S. Miller	M.D.
22c. NAME OF CEMETERY C REMOVAL (Specify) Burial Jan. 16, 1968 Mt. Lebanon	7
23. FUNERAL DIRECTOR'S SIGNATURE Donald M. Stein Hebrew 232 Carroll S Memorial Funeral Home St. N. W. Wash	TARE OF TOLING WE CONTROL OF THE PERSON OF T



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01325 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type ar print) Month Year Wesler PMM none nuaru RACE IF UNGER 1 YEAR after 3. SEX S. DATE OF BIRTH 6. AGE (In years last birthday) DAYS burial, cremation, or removol, ond in any event, within 72 hours aft MONTHS HOURS 10-11.96 Male 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery WIDOWED 🗸 DIVORCED [emercea 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATHJ 12b. KIND OF BUSINESS OR within during most of working life, even if retired.) give street oddress) **INDUSTRY** pleose remove carbon Takoma Westington Son 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY mon fromery YES 🗍 NO Lockville 405 14. FATHER'S NAME First IS. MOTHER'S MAIDEN NAME First Middle Lost Ann Bovce John W. 7 Von Gilden 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) 216-22-0158 Takoma 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 moy be retoined by the hospitol or ottending prior to b for use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? has CAUSES OF DEATH? YES 🗍 NO FO of Health this certificote 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M be detached director, page 3 should be detache should be filed with the State Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 1968, and that in (my) (our) apinian death occurred an the date and haur and from the director, page 3 should be a causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) University 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23a. BURIAL, CREMATION Burlal (Specify) Spencerville, Md. Union Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Home-1331 Rockville Pike VR A15 (4) 1968 30M REV. 1/68 Rockville.Md

MAKTLAND STATE DEPAKTMENT OF HEALTH

CALL TO THE REPORT OF THE PARTY

MARYLAND STATE DEPARTMENT OF HEALTH 01330 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01326 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle LostVAZQUEZ 2g. DATE OF DEATH 2b. HOUR death. and (Type ar print) Month 28 Doy era 325 MAR Jan. Pm.M 6. AGE (In years last birthday) 3. SEX 4. RACE S. DATE OF BIRTH 24 hours after IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS CAUCASIAN FEMALE Dec. 4 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MONTGOMERY WIDOWED X DIVORCED burial, crematian, or remaval, and in any event, within 72 filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KIND OF BUSINESS OR give street oddress) WASH INGTON SANITARIUM & HOSPITA during mast of warking life, even if retired.) INDUSTRY remave carban campletely 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 3d INSIDE CITY LIMITS? requires that the death certificate be executed odmission) STATE NO YES 😓 GeB 15. MOTHER'S MAIDEN NAME First
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AS ELVEN - In - HOSPIRECONS 14. FATHER'S NAME First Middle Last Middle and Lost physician (160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Address Yes, no, ar unknawn) (If yes give war or dates of service) rmation attending permit. The 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY permit. ARDIAC IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) TRIERIUSCLEROSIS AND ENCEPHALOMALACIA rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse ARTERIOSCLIPROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta FAILURE SECONDARY TO ARTERIONS PHROSCLEROSIS ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 Page 4 may be retained by the haspital ar 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from 1.20 19.6%, ta saw the deceased alive an___ 1962, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) -Prospect Hill Cem. Jash., D.C. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESMt . Rainier FUNERAL DIRECTOR Nallev's VR A15 (4) limiles Inc. 30M REV. 1/68 ome

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The law requires that the death certificate be executed within 24 hours after death attending physician. has been signed by the attending physician and campletely filled in by the funeral see as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 th prior to burial, crematian, ar removal, and in any event, within 22 haurs after death		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no pr unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT L. Address 9 Silver	Efry St. Md.
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ATTENDING attained by the CTOR: After I should be d ith the State		22a. I certify that (I) (this hospital) attended the deceased from MAY, 1964, ta JAW, 1966 and that in (my) (our) apinian death accurred an the date of	, that (I) (awe) last
OR: A OR: A h the		causes stated abave, (1) (we) (did) (d id not) view the bady after death.	ALL LINE ME
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01328 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. 2b. HOURD 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH (Type or print) Month Francis Logan Wahler January 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3. SEX IF UNDER 24 HRS. lost birthdov) OAYS HOURS White 20 July 1903 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED DIVORCED [WIDOWED -Washington, D.C. USA Montgomery
12o. USUAL OCCUPATION (Kind of work done burial, crematian, ar remaval, and in any event, within ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY Bethesda | The Clinical Center, NIH | 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN Supervisor Construction 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO Washington 803 Alabama Avenue. District of 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Valentine Wahler Walker Rose Marie 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Records Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service) 578-38-3203 The Clinical Center Bethesda Maryland 20014 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Lung Abscess with Pseudomonas Septicemia 3 weeks DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the burial-transit (b) Multiple Myeloma 2-1/2 years rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta Acute Renal Failure 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? CAUSES OF DEATH? YES X NO 🗔 TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH
(If either, notify medicol exominer) HOUR A.M. Month Doy Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (1) (this hospital) attended the deceased from January 6, 1968, to Jan. 28, 1968, that (1) (we) last saw the deceased alive an January 28, 1968, and that in (1) (our) opinion death accurred an the date and haur and from the causes stated above, (1) (we) (did) (xix xxx) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. MED. DIRECTOR 29 January 1968 DEGREE PHYS 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Michael Emmer, M.D. Institutes of Health, Rethesda, Maryland 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, Jan. 31,68 Cedar Hill Cemetery Suitland, Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR VR A15 (4)

Simmons Bros. 1661-Gd. Hope Rd. SE.DC

30M REV. 1/68

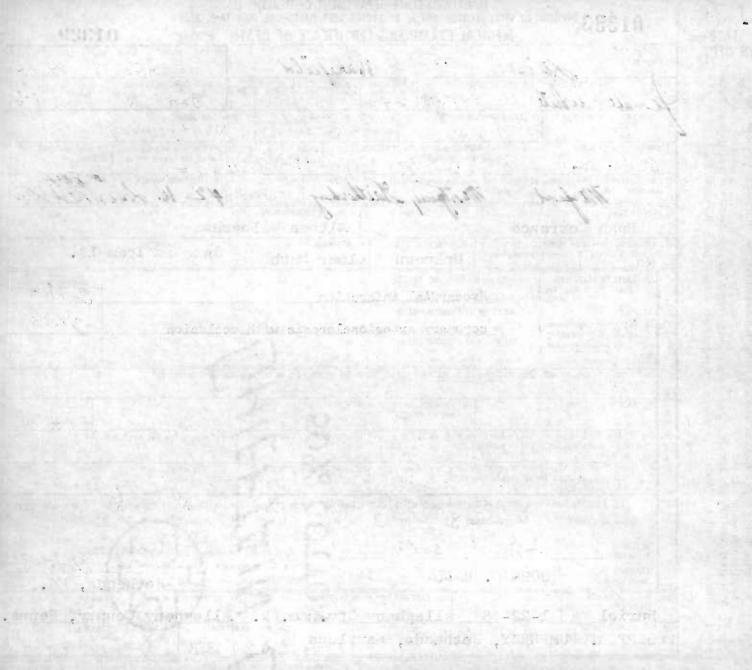
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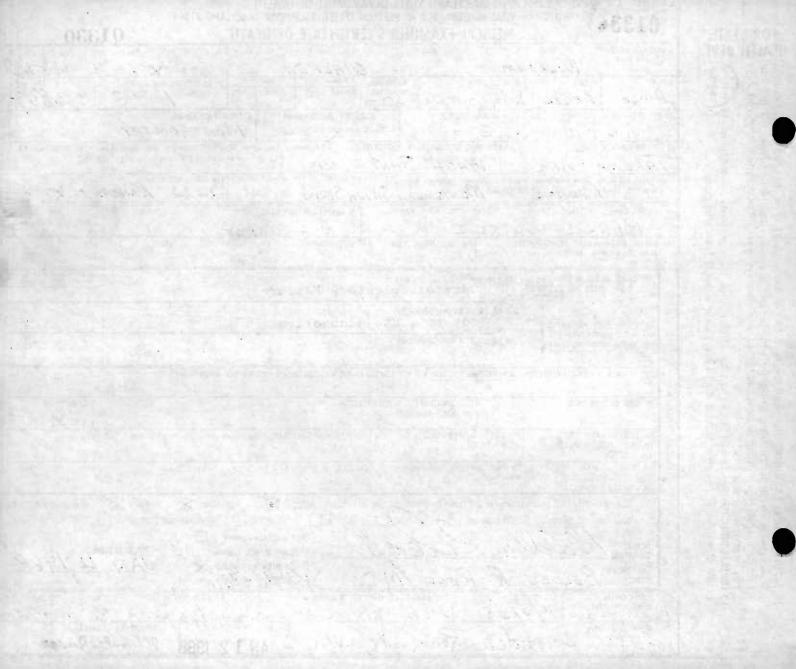
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE KNOWN 2b. HOUR Month Yeor (Type or Print) Jan Page DEATH MATED Prept 6 6. AGE (In years S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 69 land 2 with the Stote Depar BIRTHPLACE (State or fareign 9. COUNTY OF DEATH MARRIED NEVER MARRIED form enna DIVORCED [pencil in Item 18. Give Poges 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY during fost of working life, even if retired.) Office olong 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTY YES NO ofter IS. MOTOR'S MAIDEN NAME 14. FATHER'S NAME Middle Althea Wilberham Torrance Examiner's pages hours 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT within as Item 13. (Yes, no, or unknown) Same Unknown Elmer Muth File APPROXIMATE INTERVAL within be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH permit. PART I. DEATH WAS CAUSED BY inderen. IMMEDIATE CAUSE (a) Myocardial infarction DUE TO, OR AS A CONSEQUENCE OF buriol-transit Vear5 Canditians, if any, which gave (b) coronary arteriosclerosis with occlusion rise to immediate cause (a). writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 2 puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 forwarded SD nsed 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate. YES 3 NO F pe 0 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X and in my apinion Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined manner please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may ro FUNE Health JOHN G. BALL ADDRESS(Street, city, town, or county) NAME (Type) Bethesda. 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 1-22-68 Allegheny Ctv. Mem. Pk. Allegheny County, Penna. Burial 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland VR A15ME (5) 10M REV. 1/68



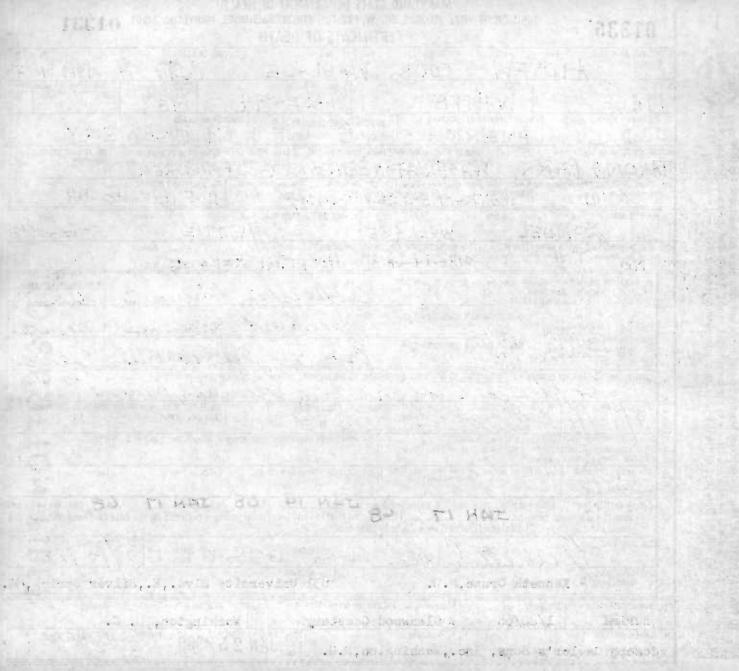
113	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
PFOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	330
HEALTH DEPT	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month D	oy Year 2b. HOUR
2 0 a 7 (2)	(Type or Print) WILLIAM WALKER DEATH MATED /-	3 1968236
PM3. Poge	3. SEX A. RACE S. DATE OF BIRTH 6. AGE (In yours lost birthday) South Birth 1. AGE (In yours lost birthday) AND DAYS HOURS MIN. Manth 1. Day 3	Year 19 6 4 9 M
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ory, ple erol di be rete RAL Di prior	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 200, DATE SIG	INED 1910
o DEPUTY SICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem	EXAMINER'S BELDEN R. READ M.D. DEPUTY MEDICAL EXAMPLER DANGE (Type) BELDEN R. READ M.D. SODESSINGE (LYDEN) OF COUNTY)	7,1100
TO DEPUT	230. BURIAL (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C) REMOVAL (Specify) L 1/9/68 ASh Memorial Com. Sandy Spring, 1	Monta: Md.
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VR A15ME (5)	Robert K. Suouden rock ville Md. DATE AN 12 1968 Ochand	By year .



hours after death

requires that the death certificate be executed

be retained



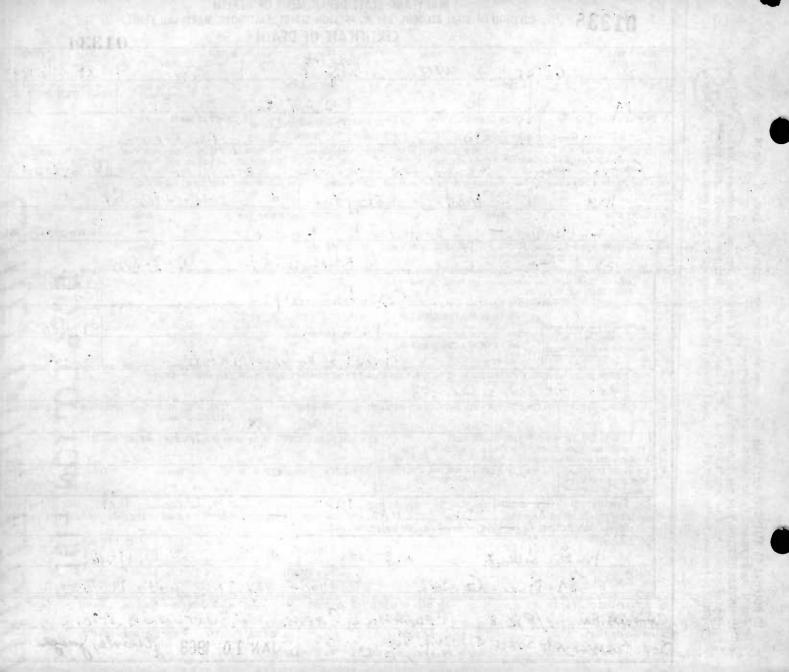
	1	MARYLAND STATE DEPARTMENT OF HEALTH	
	١,	01336 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	1332
· (An)	1	DECEASED-NAME / First Middle Lost 2a. DATE OF DEATH	Tak HOHD
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PHYSICIAN: The law requires that the death certificate be executed within 24 hours e hospital or attending physician. his certificate has been signed by the attending physician and campletely filled in bytatched for use as the burial-transit permit. Then please remove carbon papers. Popper, of Health prior to burial, crematian, or remayal, and in any event, within 72 hours	10.	CITY OR TOWN OF DEATH 11. NAME OF FLOSPITAL OR INSTITUTION (If not in haspital during mast af working life, even bretired.) 12. USUAL OCCUPATION (kind af work dane during mast af working life, even bretired.) 12. USUAL OCCUPATION (kind af work dane during mast af working life, even bretired.)	D OF BUSINESS OR RY
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ATTENDING etained by the CTOR: After I should be dirith the State		saw the deceased alive an	our and fram the
OR ATTENION OF PATENION OF THE		22b. SIGNATURE DEGREE PHYS DEGREE PHYS DIRECTOR DIRE	
AL O V be L DII age filed		22d. PHYSICIAN'S DEGREE PHYS. DIRECTOR PHYS. 1/7/6	8
SPIT/ 4 md IERA or, p		NAME (Type) ARTHURS, BRECLER	
TO HOSPITAL OR ATTENDING Page 4 may be retained by 1 TO FUNERAL DIRECTOR: After director, page 3 shauld be a shauld be filed with the Stat	23a	a. BURIAL EREMATION, R3b/DATE 23c NAME DE CEMETERY OR (REMATORY 23d. LOCATION (City or Jawn) (County)	(\$19fb)
1MI	24.	FUNERAL DIRECTOR ADDRESS 2SG. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE	11100
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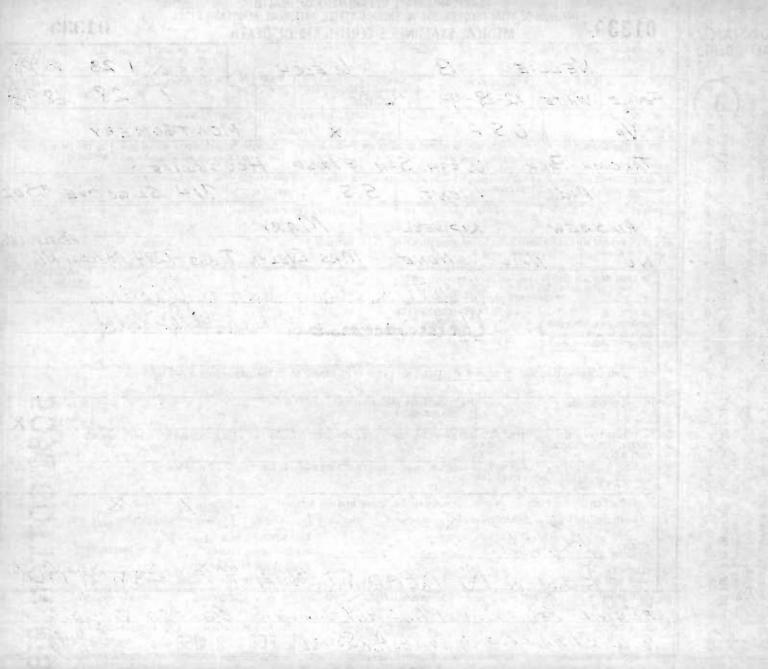
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FOR STATE		01334	MEDICAL EXAM					01333	
HEALTH DEPT.		ECEASED-NAME Type or Print) Ola	irst Middl Blanch	e	Walsh	2a. DATE KNO OF EST DEATH MAT	1	Pay Year 68	2b. HOUR
delay and 3 M3 Rq	3. 5	female 4. RACE cauc	S. DATE OF BIRTH April 2, 1902	6. AGE (In years why herbday) YRS.	IF UNDER 1 YEAR IF UN MONTHS DAYS HOUR:	DER 24 HRS 2c. DATE PRON		Year 19 68	2d. HOUR 12:55
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ve Pages y with far the State		TITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL give street oddress) HOLY Cr	oss Hosp	f nat in haspital 12d	n. USUAL OCCUPATION (Kind ring most of working life, e HOUSEWITE	af wark dane ven if retired.)	12b. KIND OF BUSH INDUSTRY C WAY	HONE
s after 18. Girls 2 with death.	13a.	USUAL RESIDENCE (Where dec dmissiqual Ayland	eosed lived, if institution: Residence	petore 13c. CITT U	K I DAALA 1190' HERIOF (o Number leorgia	Avenue	
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within 24 n pencil in Examiner's File pages 1 72 hours		WAS DECEASED EVER IN U.S. ARM		IRITY NO. 17.	informant omas L. Wal	sh, 10801 Ge	ADDRESS corgia A	ve, S.S.	Md.
ecuted ing in edical E ermit. F within		PART I. DEATH WAS CAL	DIATE CAUSE (a)	tell	ronar	y Insug	Oficio	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
d be exidated "pend Chief Me		Conditions, if any, which gav rise ta immediate cause (o), (b) COV	cary N	Geart	Disea	ise	1	
		stating the underlying caus	(c)	0					
s c ed	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	FOR WHICH OPERA		OR CONDITION GIVEN IN PAR	T 1(a)	20. AUTOPSY	
ate e he	CERTIFICATION		WAS PERFO	DRMED?				YES 🗀	NO NO
# 9 6 .	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTIN CAUSE OF DEATH	P.M.	19		(Enter nature of injury in Po			
EXAMINER: ute the certi age 4 shaulc your files. Page 3 shau , crematian,	W	WHILE NOT WHILE AT WORK	le. PLACE OF INJURY (At home, farm, s factory, affice building, etc.)		LOCATION Street or R.F.D.		vn	County	State
AL For For Syrial	-	22a. I certify that death resulted from	took charge of the remoins de Natural causes (A. Ac		held on Autopsy [Buicide [], Hom		Inquiry X	ond in my	y opinian
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pe ex	e rem	1	, 14. F	ATHER'S NAME First	Middle	Last	15. MOTHER'S MAI	DEN NAME First	Middle	PAPPE	Last
law requires that the death certificate be executed within 24 hours ofter death	signed by the ottending physician ond completely filled burial-transit permit. Then please remave corbon people burial, cremation, or removal, ond in ony event, within a			WAS DECEASED EVER IN U.S. ARM	NED FORCES? ar or dates of service)	6b. SOCIAL SECURITY	NO. 17. INFORMANT	w. £1	Address 12-6+AA	1	
th cert	ling ph Then remov			1B. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	DV.)			BETWEEN ON	ATE INTERVAL SET AND DEATH
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hat th	y the ansit			Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause	(b)	A CONSEQUENCE OF	Patrimons	2		luc	113
uires †	signed by the offending burial tremation, or re	Hij		lost. 472 × PART 2. OTHER SIGNIFICANT COI	(c)		OT DELATED TO THE TERMINAL	LENDAL IND	GIVEN IN PART I(A)	dute	A,
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The la	hos b se as th prio	2	CERTIFICATION	196. DATE OF OPERATION 19b.	CONDITION FOR WHICH	H OPERATION WAS PE	RFORMED 200. AUTOPS		b. IF YES, WERE FINDINGS (USES OF DEATH?	ONSIDERED IN CE	RTIFYING
CIAN:	for u		ICAL CER	21o. ACCIDENT WAS UNDERLYIND RECONTRIBUTING CAUSE OF DEA' (If either, notify medical exami	H HOUR A.M.	NJURY Manth Day Year		RRED (Enter noture of	injury in Port 1 or Part 2,	Item 1B.)	79
PHYS!	nis cert toched Dept. o		MED	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (ar R.F.D. No.	City ar Tawn	County	State
DING	After the be de State			220. I certify that (1) (the saw the deceased a	is hospital) otten	ided the deceos	ed from 1964	, 19, to	7 Sen , 19	68 , that	(I) (we) lo
ATTEN	TOR: / thould th the			couses stoted obove	e, (1) (we) (did) (e	lid not) view the	body ofter deoth.	, (oor) opinion dec		DATE SIGNED	
L OR A	DIREC ge 3 s iled wi			mets	Hubrich	M	DEGREE PHYS.	DIRECTOR	STAFF PHYS.	7/68	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	To EUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	0		22d. PHYSICIAN'S NAME (Type)		ZINACE	22e. ADDR	- 22, N	a apphil	C 20037	
TO HO	direct shoul	of	C	BURIAL, CREMATION, 23b. REMOVAL (Specify)	18/68	CEDAR	CEMETERY OR CREMATORY	1	CATION (City or Town)	(County)	(State)
	VR A15 (4 30M REV. 1	68	24. Sc	FUNERAL DIRECTOR	SONS, ST	30 Wis. Al	S.C. N.W.	250. REC'D BY REGISTRA DATEJAN 10	1968 PEGISTRAR'S	SIGNATURE PLAN	ge.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01335 MEDICAL EXAMINER'S CERTIFICATE OF DEATH First 1. DECEASED-NAME Middle 2g. DATE KNOWN Month (Type or Print) ESTI-Page 10 DEATH MATED delay 3 SEX 4 RACE 6. AGE (In years pup HOURS P.M3. Departme 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED farm 8. Give Pages 1, MONTGOMERY DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) HOUSEWIFE 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 5 SLIGOTIVE. YES T Office l and 2 ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First ANDREW IDWELL haurs Examiner's POSLPHIMA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** (Yes, no. or unknown) MRS. EVELYN TIBES 9284 ADELPHI KD NONE File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line to; (a), (b), and (c).) BETWEEN ONSET AND DEATH farwarded ta the Chief Medical PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (n) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a), certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= oug PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, YES [pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH P.M 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) WHILE AT WORK AT WORK FUNERAL DIRECTOR: 22a. I certify that I took charge af the remains described above, held on Autopsy Inspection Inquiry X and in my opinion Natural causes death resulted from Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral SIGNATURE 5 may ro FUNE Health REMOVAL (Specify 24. FUNERAL DIRECTOR 2Sa. REPD BY REGISTRAR 2Sb. VR A15ME (5) 10M REV. 1/68



	I St	-5-88 ens DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	15	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1336
HEALTH DEPT.		ECEASED-NAME First / Middle Lost 2a DATE KNOWN Manth D.	ay Yeor 2b. HOUR
	(Type or Print) // OF FSTI.	12 1968 4 PA
deloy is and 3 to and	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
p o d		F W Jeb. 5- 1920 47 YRS. Jan 22	Year 1968 7 7 N
1, 2, crm PA	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 11ry) Kansas 24-5. A. WIDOWED DIVORCED DIVORCED TO	
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s after 18. Give olong to olong with the death.	130.	USUAL RESIDENCE Where deceased lived, if institution: Residence before 3c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COLUMN 13c. NO. CITY COLUMN	_//
18 ce o de o		recription pronigning pockette 13 110 105 Berde	cellod
hours Item 1 Office Tond 2 after d	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Daniel Fling Brook	Last
hin 24 ncil in niner's poges hours	160	Daniel F'ling Brook WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	S
with per year xan xan 72		(es, no of unknown) (If yes give war or dates of service) 515-20-1908 Fred E. Wells - husband same	
be executed "pending" in lief Medicol E. Insit permit. Fevent within		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
thould be executed word "pending" in the Chief Medicol Eurial-transit permit. In ony event within		MMEDIATE CAUSE (a) IFFNING Pulmonary congestion & Edema	3 hr.?
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ould b		size to immediate cause (a). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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0 0	18	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)	
certificate writing th rwarded t seed as o	N	Chronic endocardosis involving all heart valves	
is certific e, writin farward e used a emaval,	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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XAM use the the ge 4 your Poge crem		factory office building etc.)	ontg. Md.
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ortor. red ctor. bur		death resulted fram: Natural causes 🔲 , Accident 🗷 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
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ro DEPUTY necessary, the funeral 5 may be ro FUNERAL Heolth pri		EXAMINER'S John G. Ball 7936 Old Georgetownsschand, Bathanda, Md.	25,7760
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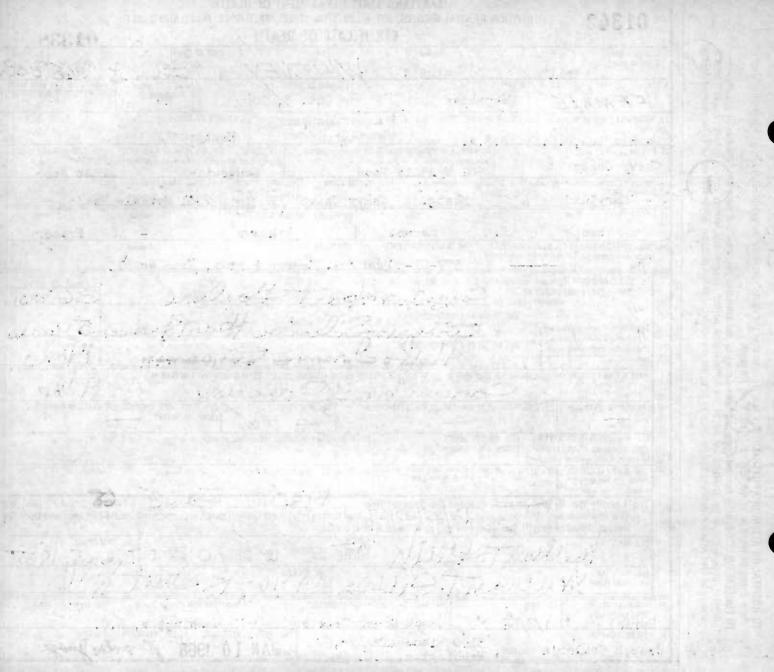
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01341 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01337 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR (Type ar print) JAMES LAYTON January 1 Pay WEST 1968 papers. Pager 1 nin 72 hours after 4 RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years Male September 10.1903 64 hinhday) DAYS HOURS White 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED countrillashington U.S.A. WIDOWED [DIVORCED [Montgomery filled and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 10919 Clermont Ave. during most of working life, even if retired.)
Credit Investigat INDUSTRY and completely f remove carban Garrett Park Investigator 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Washington death certificate be executed 13b. COUNTY YES NO 3 8924 7th. St. N.E. D.C. 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME First Middle Middle Last and ROBERT WEST ANNA LEE JOHNSON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes po, ar unknawn) burial, crematian, ar remaval, Robert L. West - son same item # 11 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY 001/4510N permit. ORONARY nui. IMMEDIATE CAUSE (o) DUF TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) care 0120NARY rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes ARTERIO 5010120515 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta b attending the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING as has CAUSES OF DEATH? YES 🖂 NO [far use Health use certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HDW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark TO HOSPITAL OR ALTERNATION Page 4 may be retained by the TO FUNERAL DIRECTOR: After the nage 3 should be de 22a. I **certify** that (I) (this hospital) attended the deceased from 12 c , 19 6 V, ta 1111 , 19 6 8 , that (I) (we) last saw the deceased alive an 12 c , 19 6 V, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR MADEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BEMOVAL & Decify) 1/13/68 Md. Darnestown Darnestown. Montg. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home 1331 Rockville Birkan 16 30M REV. 1/68 Tyson Wheeler Rockville, Md.

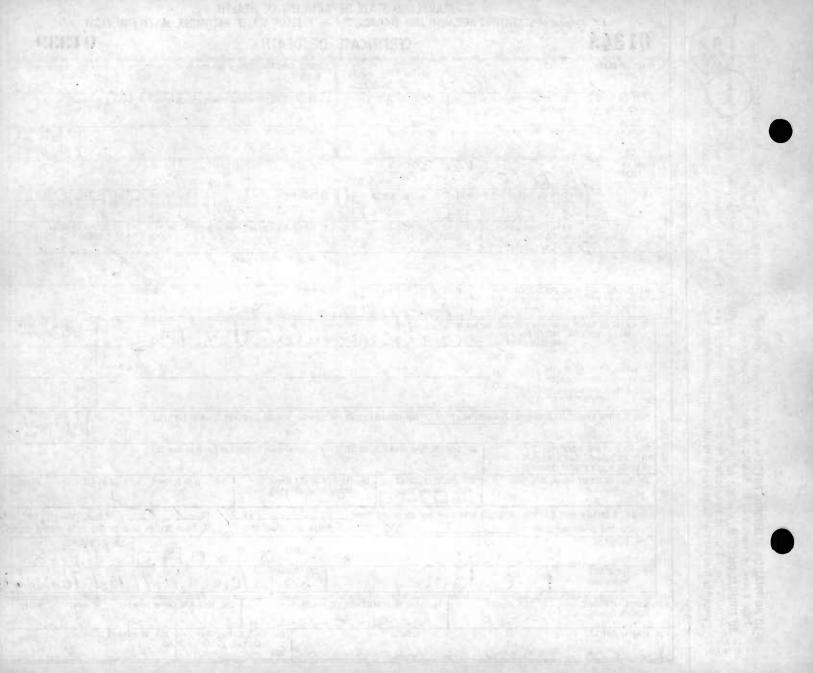
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MARYLAND STATE DEPARTMENT OF HEALTH 01342 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOUR requires that the deoth certificate be executed within 24 hours after deoth Dive (Type or print) filled in by the funeral papers. Pages 1 and ELLENOR BARNES 3. SEX 4 RACE DATE OF BIRTH 6. AGE (In years last dirthday) DAYS MONTHS HOURS Oct. 3, 1883 Caucasian 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [Montgomery Washington D.C. 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
7501 Wyndale Road during most af working life, even if retired.)

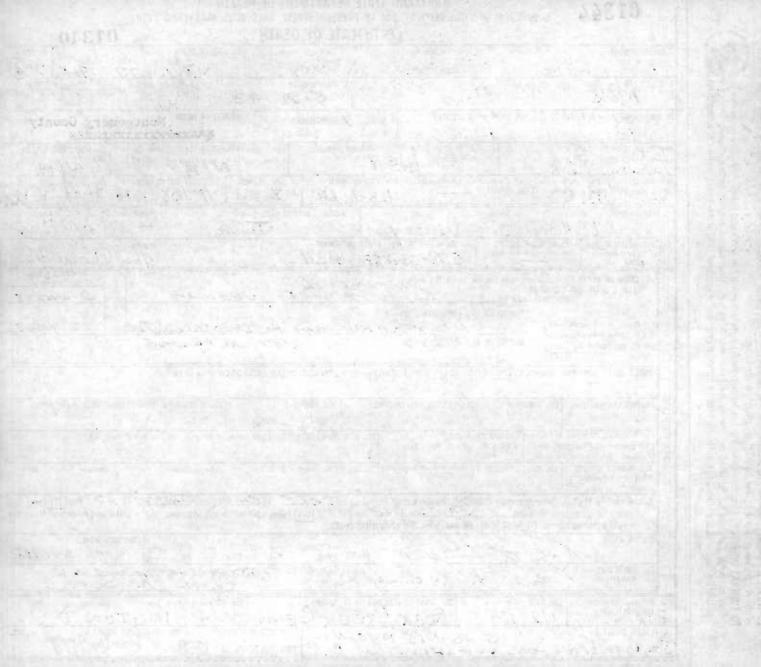
Housewife **INDUSTRY** Chevy Chase At Home COL 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES v NO 7501 Wyndale Read Montg. Chevy Cha ond in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Middle Barnes Unknown Joseph Fraser 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, ga, ar unknawn) (If yes give war or dates of service) 577-01-5098B Mrs. George Parton. Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE O signed by stoting the underlying couse alm PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNES, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County Stote City or Tawn While Nat while at wark 22a. I certify that (I) (this hespital) attended the deceased from 19, to 19, t Poge 4 moy be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. director, pog should be file ADDRESS 22d, PHYSICIAN'S NAME (Type) 23b. DATE 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) Washington D.C.
STRAR 256. REGISTRAR'S SIGNATURE Rock Creek Cemetery Wisconsin Ave, NW 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) Minter Judge Joseph Gawler's Sens, Washington, D.C. DATE AN 10 1968 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01343 01339 CERTIFICATE OF DEATH deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o COUNTY a. STATE b. COUNTY after b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) requires that the death certificate be executed within 24 hours in by d. NAME OF HOSPITAL OR INSTITUTION (If not in pospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO WALTERMiddle NAME OF DATE Month corbon Last Dov Year DECEASED (Type or print) DEATH SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH NEVER MARRIED remove birthday Months last Davs Hours ond in ony WIDOWED DIVORCED ond 10o. USUAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11, 81RTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYP physician DAIRYEN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, or ynknown) (If yes give war ar dotes of service) 0 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL 8ETWEEN buriol-transit PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO Canditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying cause attending prior to O FUNERAL DIRECTOR: After this certificate hos been os the lost 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO D YES for 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) Hour a.m. Not While foctory, street, office blda., etc.) ot work ot work 21. I certify that (I) (this hospital) attended the deceased from 19.6 S, that (1) (we) last be retained 19 68, and that death accurred of 32M, from couses and on the date stated above. saw the deceased glive one 22o. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 0 NAME (Type) director, should b 23c. NAME OF CEMETERY OR CREMATORY 23o. 8URIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) (County) DURIAL 250. REGID BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

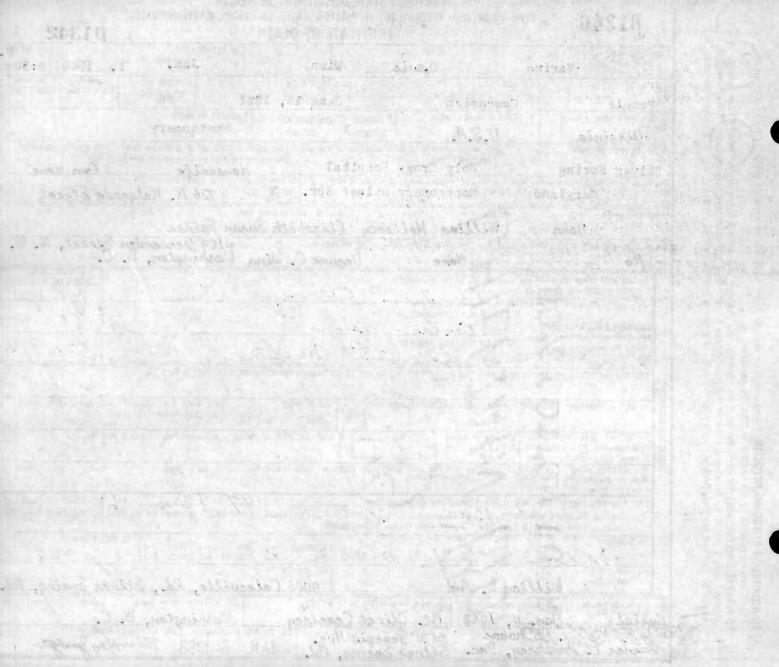


MARYLAND STATE DEPARTMENT OF HEALTH 01344 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01340 2g. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Middle Last O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type ar print) uke ru man 6. AGE (in years 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX last birthday) Nale 5-28-93 9. COUNTY OF DEATH 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED Montgemery, County country) WIDOWED DIVORCED mer. 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b, KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH, INDUSTRY during most of working life, even if retired.) give street address) burial, crematian, ar remaval, and in any event, wit 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before \$13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY 7708 YES X NO lash, 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle and Jennie William physician o 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor or dotes of service) Yes, na, grunknawn) 7600 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) 200 mon 14 PART I. DEATH WAS CAUSED BY RENAL FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) signed by the burial-transit p HYDERIENSINE AND rise ta immediate cause (a), VASCULAR DISEASE DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been directar, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 📈 TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Caunty State City or Town While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram 500, 1954, ta 280, 71968, that (I) (we) last JAN 36 19 65, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an... causes stated abave, (1) (we) (did) (did net) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 2000 23d. LOCATION (City or Town) (State) 23b. DATE 23c. NAME OF CEMEJERY OR CREMATORY (Caunty) 23a. BURIAL, CREMATION, BREMOVAL (Specify) WASHINGTON 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) DATE LAN 30M REV. 1/6B WASHINGTON



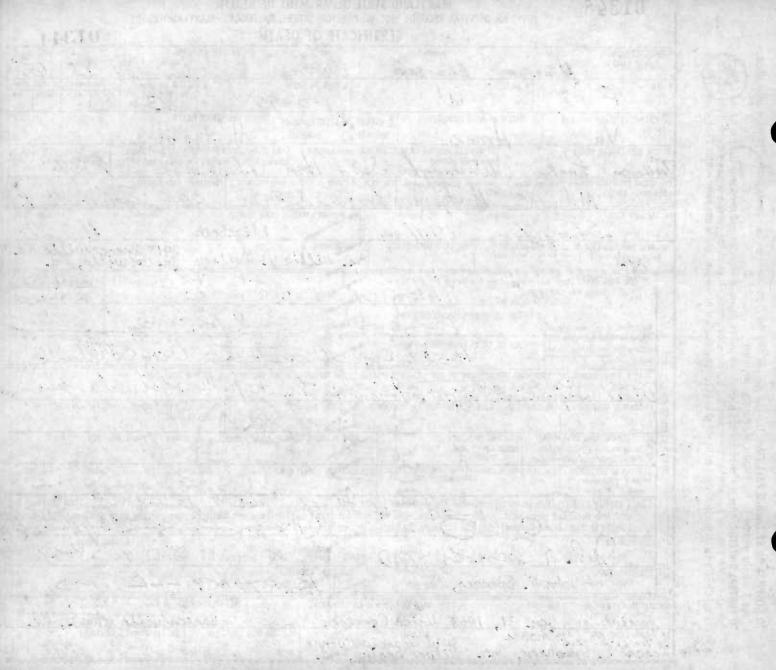
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1. DECEASED-NAME First 2a. DATE KNOWN Manth (Type at Print) delay 1 nd 3 to Page ESTI-Estelle Elizabeth Williams DEATH MATED 4. RACE IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 6. AGE (In years DATE PRONOUNCED DEAD 2, and PM3. 4/3/81 Year white Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Item 18. Give Pages 1, the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 should be farwarded to the Chief Medical Examiner's Office along with farm Maryland WIDOWED-DIVORCED [U.S.A. Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Brookeville iousewife none 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Marvland 13b. COUNTY Montgomery Brookeville YES NO [] armel Cemetery Road after 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle William Stevens Alice Price pages hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, na, ar unknawn) Montgomery Gen. Hospital Olney. unknown APPROXIMATE INTERVAL event within executed 1B. CAUSE OF DEATH (Enter only one cause per line tos (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any which gave rise ta immediate cause (a). writing the ward certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) remaval 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [pe 5 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County factory, affice building, etc.) NOT WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Hamicide Undetermined manher CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral SIGNATURE 5 m TO FUN. Health **EXAMINER'S** NAME (Type) down, ar county) 23a. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Cokesbury Memorial urial 24. FUNERAL DIRECTOR 2So. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE K. McComas & Son, Abingdon, Md. 21009 VR A15ME (5) DATE AN 10M REV. 1/68

136.10 Same assessed the night



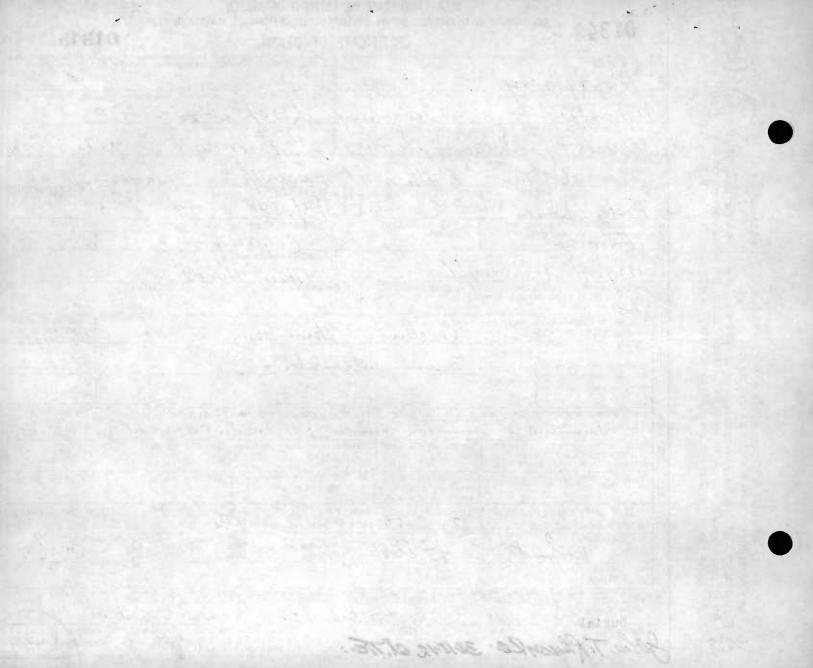
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MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	01044
	01344
(Type ar print) // (Manth Do	Year 2b. HOUR
13. SEX - 14. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
F W 1-2-95 lost birthday) YRS	MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Va Amer, WIDOWED DIVORCED Montgomery	Md.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired.)	INDUSTRY //
MAROMA TARK WASHINGTON DAN + 1705A KELSEWI FE	Clan Home
13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b. COUNTY Unitgamery Durtons con 1/2 NO 2918	Deverville Rd
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	- Last
Straghter Waltrey Elizabeth	MINNICK
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO/ Nr. Willie J. Wolfrey Burtons	encerviffe Rd.
	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF	7 dead
(anditions, if ony, which gove)	/
rise to immediate cause (o), stating the underlying cause DuE TO, OR AS A-CONSEQUENCE OF	0000 00
lost. (1) fost Durgecal melaslasis CELLY	elybladdes
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	A some
19d DATE OF OPERATION / 19b. CONDITION FOR WHICK OF FRATION WAS PERFORMED / 120o. AUTOPSY? 20b. IF YES, WERE FINDINGS	considered to constitution
196. CONDITION FOR WICE OF ERATION WAS PERFORMED 206. AUTOPSY? YES NO 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 2	CONSIDERED IN CERTIFYING
210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2	. Item 18.)
OR CONTRIBUTING CAUSE OF OEATH (If either, notify medical examiner) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year P.M. 19	
₹ 21d INITIPY OF CIPPED 21e PLACE OF INITIPY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City of Town	Caunty State
While Not while of work of wark	
22a. I certify that (1) this haspital) attended the deceased from free 18 , 1968, ta free 28, 1	968, that (I) (we) last
saw the deceased alive on	iate and haur and fram the
22b SIGNATURE 22c	DATE SIGNED
John (Joenees Mi) DEGREE ATTENDING MED. STAFF DIRECTOR D	1-28-68
22d. PHYSICIAN'S NAME (Type) John R. Spencer, MD 22e. ADDRESS BUR TONSVILLE	222
	(10)
230. BURIAL, CREMATION, REMOVAL (Sporify) Survival 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burtonsville	(Caunty) (State) Mont. Md.
24. FLIMERAL DIRECTOR (18 Thomas ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR	
Parrier & Pumphrey Inc. Silver Spring Md. DATE EB 1 1968 yolla	nes juga

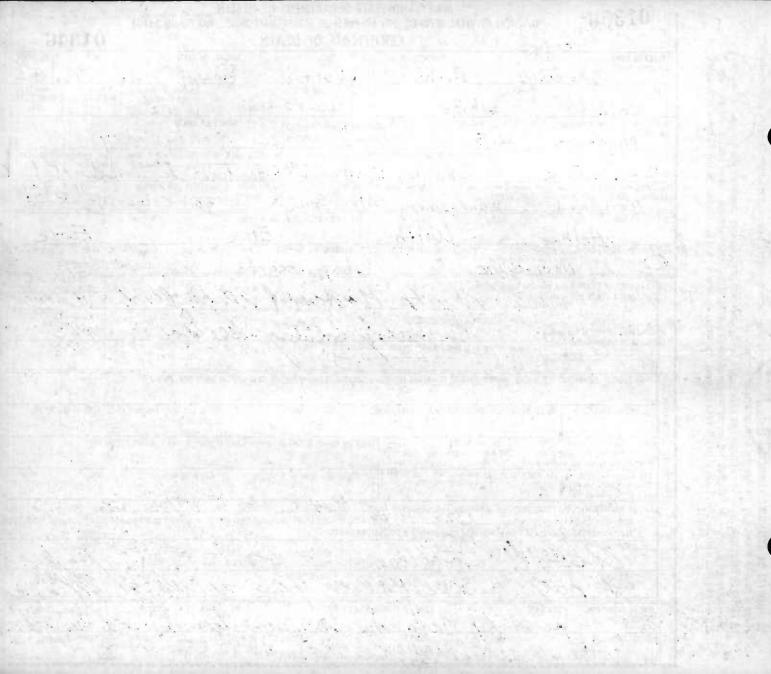


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01349 01345 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ONT 90 mercy MARYLAND b. CITY OR TOWN (If gutside corporate Amits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) rite BURAL and give nearest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the death certificate be executed within 24 and in any event, within NAME OF remave carban First Year and campletely DECEASED OF DEATH SEX 6. COLOR OR RACE IF UNDER 24 HR 7 MARRIED NEVER MARRIED AGE (In veors lost birthdoy) Months Dovs WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR . BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if ratired) INDUSTRY COUNTRY 2 Uirginia

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 46. SOCIAL SECURITY NO. INFORMAN (Yes, no, or unknown) (If yes give war or dates af service 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit burial, cremati PASET AND DEATH IMMEDIATE CAUSE (o) by the haspital ar attending physician DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse be detached far use as the State Dept. af Health priar ta has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO JHE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? (21 Dirhetes Mellitus askult Type NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) TO FUNERAL DIRECTOR: After this (County) (Stote) Hour o.m. Nat While factory, street, office bldg., etc.) ot work ot work 1967 to 1-20 21. I certify that (1) (this haspital) attended the deceased fram //-1968, that (1) (we) last To HOSPITAL OR ATTENI Page 4 may be retained 1-20 1968, and that death accurred at 722 M, fram causes and an the date stated above. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED M.D. PHYS. DIRECTOR director, page shauld be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24 FUNERAL DIRECTO 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



		01350 MARYLAND STATE DEPARTMENT OF HE		
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIM		
		CERTIFICATE OF DEATH	01	1346
1			2o. DATE OF DEATH	2b. HOUR
90		Type or print) George Arthur Worth		9 68 8 AM
	3. 3		6. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
		Male white 10-10-15	lost birthday) MONTHS 5 2 YRS.	OAYS HOURS MIN.
	7a.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED 17 MEYER MARPHED 9.	COUNTY OF DEATH	
	COI	New York U.S. WIDOWED DIVORCED	Montgomery	n Md.
pul.	10.	CITY OR TOWN OF FEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL	OCCUPATION (Kind of work done 1925 M	IND OF BUSINESS OR
71	/	Takoma Park give street oddress) Washington Sanitarium To Ca	of forking life, even if retired.) Wolfs	ars Rebuch
	130	. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMIT	13e. STREET AND NUMBER	Apt. 921
15	- Oui	nission STATE 13b. COUNTY Mantgomery Silver Spring NO	- 0011 (010001110	Road.
1	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle	Lost
	L	Arthur Worth Edn	a t	-oote
	16	(If yes give war or dates of service) Vas., no, or unknown) Varu - WWTT 16b. SOCIAL SECURITY NO. 17. INFORMANT Hos preceved:	Address	
	=		5	APPROXIMATE INTERVAL
		IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:		TWEEN ONSET AND OEATH
	10	IMMEDIATE CAUSE (o)	e system !	TOURS
	JA.	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF	October 1	s.nc
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	1	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCON	DITION GIVEN IN PART 1(a)	
		4701		
	CFRTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED	IN CERTIFYING
X	FIE	YES NO NO	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter no	oture of injury in Port 1 or Port 2, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M.		
	ME		City or Town County	Stote
		at work at work		
	Т	220. I certify that (I) (this hospital) ottended the deceased from 19 000 and that in (my) (our) opinion	2, to 1962,	that (I) (we) lost
	Т	couses stated above, (I) (we) (did) (did not) view the body ofter death.	on deoth occurred on the date and h	iour and from the
	-10	22b. SIGNATURE 11 11 12 11 11	22c, DATE SIGN	IED /
		CILLOUS T - CHARLAGEDEGREE PHYS. CHARLAGED DIRECTOR DIREC	CTOR D STAFF D	6/64
1		22d. PHYSICIAN'S 22e. ADDRESS 2	111 11 10 10 10 ST ST	10 DER
- 1		NAME PROPERTY - OROCHAN, MY 1106	7/ KINO 91. 41	KINGHA
_,~	13	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY	23d. 10 CATION (City of Town) (County	(State)
2	L	REMOVAL (Specify) Jan. 29-1968 It Juneagn Mansolaum	descurberg ld to	Jes /// .
168	24	1 0 to 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	REGISTRAR 25b. REGISTRAR'S SIGNATUR	udges
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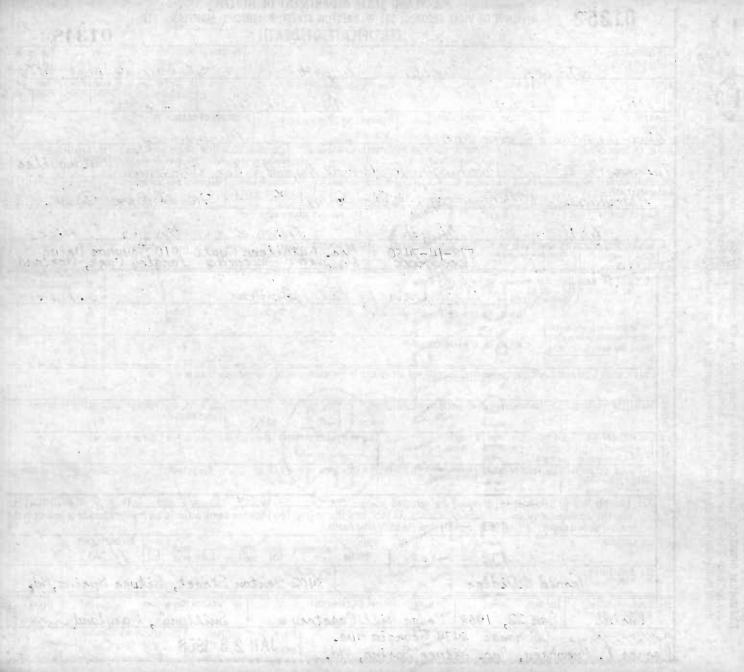


01351 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01347 DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR The law requires that the death certificate be executed within 24 hours ofter death. the funeral (Type ar print) Rhonda Month fier SEX 4. RACE IF UNDER 1 YEAR S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years ottending physicion and completely filled in by the permit. Then pleose remove carbon papers. Pages, last birthday) MONTHS DAYS nurial-transit permit. Then please remove carbon papers. Pag burial, cremotion, or removol, and in ony event, within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY none 13d. INSIDE CITY LIMITES 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY Jakoma Par YES 🔀 NO T 8704 Barron Street 14. FATHER'S NAME Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Evelyn Marshall 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) 8704 BARR 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if ony, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Not while at wark ot work 220. I certify that (I) (this hospital) attended the deceased from from the saw the deceased alive on 19 and that in (m) . 1968, ta 3 should 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230. BURIAL CREMETION Creek Cemetery Elk Creek 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68 1968 DATE JAN 1 Silver Sprina

MARYLAND STATE DEPARTMENT OF HEALTH

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		00000	MAKTLANI	J STATE DEPARTMENT O	r HEALIH	
1		01352	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, B.	ALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH			01348	
1	1. D	ECEASED-NAME First		Last	2g. DATE OF DEATH	2b. HQUR
		(vpe or print)		// 11	Manth Da	Year 023
/	3. 5	Jan	14 RACE Hrnold	S. DATE OF BIRTH	Shouary 10	4, 1468 10.50 "
	3. 3		THE CONTRACT OF THE PARTY OF TH		6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN.
		Male	White	Morch 24	1911 56 YRS.	
		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		Jest Virginia	American	WIDOWED DIVORCED	Montgomery	Md.
	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	TITUTION (If not in haspital 12a.	USUAL OCCUPATION (Kind of work dane	12b. KIND OF BUSINESS OR
1/	170	akoma Park	give street address)	mitarium & Wasa ta	g mast of warking life, even if retired.)	Meterobiles
	13a.	USUAL RESIDENCE (Where deced	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE	CITY LIMITS? 13e. STREET AND NUMBER	
5	adm	issian STATE	13by sounty, gomery	Silver Spring YES	NO 910 Nough	ne Drive
1		FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NA	ME First Middle	Last
-		Willia		Min		
	160	WAS DECEASED EVER IN U.S. AR		O 117 HATODHANTI	/// // // Address	HICKS
		'es, na, ar unknawn) (If yes give	war or dates of service) 578 = 14 = 745	o like Jaine	gen Wyatt 910 Addissay	Park Marland
	F	no		, 1703p. v	acoros zuraceg	APPROXIMATE INTERVAL
	15	PART 1. DEATH WAS CAUSI	nly ane cause per line far (a), (b), and (c).)	D-4/2 01	11	BETWEEN DISET AND DEATH
		MOTO MMED	ATE (AUSE (a) ROW	s of each servi		anknown
		5 11.0	DUE TO, OR AS A CONSEQUENCE OF			
		Canditians, if any, which gave rise to immediate cause (a),	(b)			
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
		last.	(c)			
	14	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
	×	5810				
	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
7	TIE			YES NO	CAUSES OF DEATH?	
		21a. ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2,	Item 18.)
	MEDICAL	DR CONTRIBUTING CAUSE OF DEA	iner) HOUR A.M. Manth Day Year	The second of		
	ME		PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ary,) 21f. LOCATION Street or R.F.D	. Na. City ar Tawn	County State
		While Nat while at work at work	UPPICE BUILDING, ETC.			
			fis hospital) attended the decease	d from // 6 1	9.68, ta 1/19, 19	68, that (I) (we) last
		saw the deceased of	alive an 1/19 19	68, and that in (my) (aur)	apinian death accurred an the de	ate and haur and fram the
			e, (I) (we) (did) (did not) view the b	ady after death.		
		22b. SIGNATURE	0 1 6 /1 11	MID ATTENDING	MED STAFE 22c.	DATE SIGNED
		Har	rall a. Tidel	DEGREE PHYS.	MED. DIRECTOR D STAFF PHYS. D	120/68
		22d. PHYSICIAN'S	106.11	22e. ADDRESS	+ C+ + C+	. C . • M I
		NAME (Type) Harol	a s. Indier	8402 Je	nton Street, Silve	r opring, l'Id.
	23a.		DATE 23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
		REMOVAL (Specify)	an 22, 1968 Cedar	Hill Cemetery		ryland
11	26	FUNERAL DIRECTOR MAS	187 homas 8434 49854	gia Ave. 25a. REC	AN 2 3 1968 25b. REGISTRAR'S	S SIGNATURE
1	40	rner E. Pumph		ring. Md. DATE	AN 23 1968 FCC	mes Judges

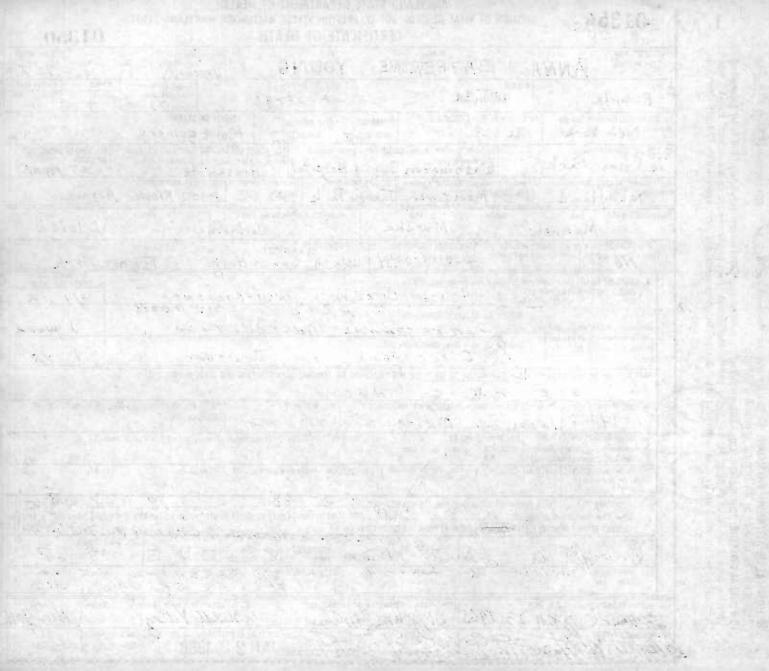


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01349 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECFASED-NAME First Middle 2g. DATE KNOWN (Type or Print) ESTIdeloy is and 3 to Ralph Poge Wunger DEATH MATED IF UNDER 1 YEAR 4 RACE 6. AGE (In years IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR pup PM3. Male £ 26.1885 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maine WIDDWED X7 DIVORCED [Montgomery 10. CITY DR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) with the Railroad 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b COUNTY Montgomery Silver Spr. odmissian) STATE 125 Eastmoor Drive and 2 14. FATHER'S NAME First Middle IS. MOTHER'S MAIDEN NAME Middle Charles Alice Wuman Belarade 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil (Yes, no, or unknown) (If yes give war or dates of service) Eastmoor Drive 006-03-3635 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c) e executed BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. DR AS A CONSEQUENCE Canditians, if any, which gave rise ta immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION. 20. AUTOPSY? WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING [CAUSE OF DEATH 21e. PLACE DF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. factory Joffice building, etc.) AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an FUNERAL DIRECTOR: Autopsy Inspection Inquiry death resulted from: Natural causes Undetermined manner Accident Buicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funerol SIGNATURE. NAME (Type) Belden Reap M.D. er county) 50 BURIAL CREMATION. 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15ME (5) DATE JAN 8434 Georgia Avenue SS 10M REV. 1/68

MAKTLAND STATE DEPAKIMENT OF HEALTH

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MAKILANU STATE DEPAKIMENT OF MEALTH 01354 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01350 DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR signed by the ottending physician ond completely filled in by [heutoneral buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 buriol, cremation, or removal, ond in any event, within 72 hours after deoth (Type or print) CATHERINE Month NNA YOUNG Doy JANUARY 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR requires that the deoth certificate be executed within 24 hours after 6. AGE (In years White last birthdoy) DAYS Female MONTHS HOURS 8-28-9 physician and completely filled in by en please remove carbon papers. Pa 7b. CITIZEN OF WHAT COUNTRY? 7a. 8IRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) New York US.A. Mont gomery WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR San. & Hospital during most of warking life, even if retired.) INDUSTRY HUME give street address) Washington 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery Takoma Park 8-302 Flower Avenue YES NO 14. FATHER'S NAME Last 1S. MOTHER'S MAIDEN NAME First Lost Mureka Valaitis Matthew Catherine 17. INFORMANT Records 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) 220-54-0394 Wash. San, & Hosp, Takoma 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN CINSET AND DEATH PART I. DEATH WAS CAUSED BY: ACUTE CORONARY INSUFFICIENCY IMMEDIATE CAUSE (o) Canditians, if ony, which gave) NTESTINAL OBSTRYCTION WEEK rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause CARCINOMA RECTYM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to ABOVE C . 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? INTESTINAL ORSTRUCTION YES 🗍 NO P **GENNERAL DIRECTOR:** After this certificate director, page 3 should be detached for us 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County While Nat while ot wark _1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the AMINER. 22b_StGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 22e. ADDRESS 800 22d. PHYSICIAN'S NAME (Type) DWIGHT PERSHING SILVER SPRING 23d. LOCATION (City or Town) 23c., NAME OF GEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, 23b. DATE (Stote) middle Village, 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 DATEJAN



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01355 01351 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost First 20. DATE OF DEATH 2b. HOUR death the funeral pup (Type or print) Charles Month Young Jan 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS papers. Pages 1 requires that the death certificate be executed within 24 hours after lost birthdoy) MONTHS DAYS by the attending physician and campletely filled in by the ransit permit. Then please remave carbon papers. Pages white HOURS male 5-29-1891 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington, D.C. U.S.A. WIDOWED [7] DIVORCED Montgomery 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR give street oddress)
6202 Wedgewood Road during most of working life, even if retired.) INDUSTRY Bethesda Retired Laundry 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN odmission) STATE Montgomery 6202 Wedgewood Road NO 🗌 YES X Bethesda 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Unknown Unkngyn 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) 579-01-6325 Clara W. Young - See Item 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEAT Polymona IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) use as the lath priar tak be retained by the haspital ar attending has been 190. DATE OF OPERATION 20b. IF YES. WERE FINDINGS CONSIDERED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO | d far use af Health p O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 220. I certify that (I) (this hespital), attended the deceased from 1966, ta 15, 1968, that (I) (we) last saw the deceased alive an 15, 1968, and thot in (my) (eve) opinion death occurred on the dote and hour and from the causes stated above, (I) (ve) (did) (did eve) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. directar, page 3 should be filed v PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOMAL (Specify) 1#18-1968 Columbia Gardens Cemetery Arlington, Va. 1968 Sb. REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR DATE JAN 2 2 1 24. EUNERAL DIRECTOR
Joseph Gawler's Sons, Inc. VR A15 (4) 30M REV, 1/68 Ave .NW

MARYLAND STATE DEPARTMENT OF HEALTH

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	1	MARYLAND STATE DEPARTMENT OF HEALTH	
5		01356 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	01352
= - Y=	1. D	CEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR
de d	1	(YPE or print) MORRIS LIFKEN Manth Day	- Year 7 A.
P 7	3. S		IF UNDER 1 YEAR IF UNDER 24 HRS.
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ple ple car		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, IMPLIED 13b, STREET AND NUMBER 13b, COUNTY) 13b, COUNTY) 13b, COUNTY)	, y
comp comp love		11D 11 ONTHONORY SPRING	HUGTON FUE
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ase nd i	1/20	avid 2, PKen Edith Krall WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT , Address	
requires that the death certificate be executed within 24 hours after death physicion. signed by the ottending physician and completely filled in by the funeral burial-transit permit. Then please remove carbon papers. Pages 7 and a burial-transit permit.		(es, no, ar unknown) (fyes give war or dates of service) CH7-16-2821.4 Mrs. Ada Zipken(wife)	15 abovo
ph hen nove	F	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
ding ding		PART I, DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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hat n. yy th ansi		rise to immediate cause (a), (DUE TO, OR AS, A CONSEQUENCE OF DUE TO, OR AS, A CONSEQUENCE OF	16.000
es t sicio ed t al-tr		lost. 350x (c) Advanced Parkinsonism	10 years
aduir phy sign buri		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ing ing he to	N N	Artoriosclerotic ucast disease	
law rendin s beer as th	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS COL	NSIDERED IN CERTIFYING
The I after a hos use as I the III pri	RTIF	YES NO	
AN: al o icote for l Heo		216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Its OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	am 18.)
SICI spirit spirit sed to find the sed to find	MEDICAL	Ilf either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
PHY e ho nis c toch Depi		While Not while Not while Verice Building, Etc.	County Stole
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat Poge 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funero director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages—1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather than the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours of the deather than the state Dept.	13	at wark of wark	that (1) (wat la
		saw the deceased glive on 10 (a 19/68, and that in (my) (our) opinion death accurred an the dat	e and hour and from th
	Ш	causes stated abave, (I) (we) (did) (did not) view the bady after death.	
R A retrest	Н	ATTENDING MED. STAFF	ATE SIGNED -8-68
be died		DEGREE PHYS. DIRECTOR PHYS. L. PHYS. L. PHYS. L. PHYS. L. PHYS. L. PHYSICIAN'S PURPLE PHYSICI	0-68
May Mal		NAME (TYPE) Jason GERGER, MID. STUER SERING.	n.Q.
TO HOSPITAL Poge 4 may b TO FUNERAL D director, page should be file	230	BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
Pog o dire	E	REMOVAL (Specify) 1-10-68 Var Ch. Hobrand Rem 2020 hing to all	D.C.
	24.	FUNERAL DIRECTOR) ADDRESS / 250. REC'D BY REGISTRAR / 25b. REGISTRAR'S S	
VR A15 (4) 30M REV. 1/68	2	Ernard Janzansky and Sons D.C. 20010 DATE AN 12 1968 Killian	las Judge

1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
/	01357 CERTIFICATE OF DEATH 01353					
- 2-1	1.0	ECEASED-NAME First Middle Lost 2a. DATE OF DEATH	2b. HOUR			
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ate be exection on a continuous condinuous	140	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 206 Sidness 1				
he death certificate to other ding physicion permit. Then please ion, or removal, and	100	Yes an ar unknown) If yes give wor or dates of service)	g Koad			
See Programmer	=	The state of the s	APPROXIMATE INTERVAL			
# E # E	1	1B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	DETWEEN ONSET AND DEATH			
leat mit.		IMMEDIATE CAUSE (0) Concurrent Breast	Greens.			
he off per ion,	Н	DUE TO, OR AS A CONSEQUENCE OF	6			
tr # # # # # # # # # # # # # # # # # # #		Conditions, if any, which gave rise to immediate cause (a), (b)				
tro tro	1	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF				
y sic		lost. (c)				
equires that the physician. signed by the buriol-tronsit puriol, cremation		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)				
e low re tending s been as the prior to	NO	1/9 X				
OR ATTENDING PHYSICIAN: The low requires that the death certific be retained by the hospital or attending physician. DIRECTOR: After this certificate hos been signed by the ottending physis 3 should be detached for use as the buriol-tronsit permit. Then pled with the Stote Dept. of Health prior to buriol, cremation, or removol,	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings consil	DERED IN CERTIFYING			
ar at	EE	YES ☑ NO ☐				
AN: That I that		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item HOUR A.M. Manth Day Year	1B.)			
Sid to to	MEDICAL	(If either, notify medical examiner) P.M. 19				
G PHYSICI the hospit this certification detached ie Dept. of	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Co. While Not while	ounty Stote			
d de the C		While Not while of work Art work				
Store Store		22a. I certify that (I) (this hospital) attended the deceased from 1967, 1967, to any the deceased alive an 1967, and that in (my) (aur) apinion death accurred an the date a	, that (I) (we) last			
The de		causes stated above, (I) (we) (did not) view the body after deoth.	ind haur and from the			
ATTEND etained CTOR: A should with the		22h SIGNATURE CO. L. 22, DATE	SIGNED			
Re S S S S S S S S S S S S S S S S S S S		DEGREE PHYS. DEGREE PHYS. DIRECTOR DIPHYS.	6,1968			
A C SE		22d. PHYSICIAN'S 22e. ADDRESS	0			
ERA For, For	1	NAME (Type) BLAINE H. EIG 980/Denga Control	Spung of			
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (C	ounty) (Stote)			
080 P 2	Ru	REMOVAL (Specify) Jan. 9 1968 Parklawn Cemetery Rockville, Maryl	and			
3./	13	EUNERAL DURAGORC. Glen Carter 8434 APPESraia Avenue 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE			
VR A15 (4) 30M REV. 1/68	Wa	rner E. Pumphrey, Inc. Silver Spring, Md. DATAN ID 1900 Miller Ve	The same			
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